ATTENDING PHYSICIAN: The law

DHMH-16 25M (VRA 15, 4) 1/79

I. D					REG. N	· .		
	PE OR PRINTS A #	FIRST Hazel MIDOL		Africa	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
3. SI		ZEL I	HH	OF BIRTH	6 AGE (IN YEARS LAST OIR	7 25	DER LYEAR	F UNDER 24 HI
3. 3	Female	White			86	MONTH YRS.		HOURS MI
	BIRTHPLACE (STATE OR FORE		AT COUNTRY? 18	ED NEVER MARRIED	BALTIMORE CITY	R COUNTY OF	EATH	
	New Jersey	U.S.A.	WIDOW		Montgom			
)	Takoma Parl	Sligo Ga	rdens	OR OTHER INSTITUTION	Homemak		WH"H	ome
USU 130 M	UAL RESIDENCE (IF NURS N STATE Iaryland	wontgomery	RESIDENCE BEFORE ADMISSION  OF THE STA	134 INSIDE CITY LIMITS?	13. SIREEI ADDRESS 8120 Ham	ilton Spr	ing Ro	oad
0 14 F	Agustice	Me Me	seroll	15. MOTHER'S MAIDEN NA.	WIDDLE	Wil	liams	- in a
160	WAS DECEASED EVER IN (YES NO OR UNKNOWN)		social security no. 154-36-0672	Mrs. Sarah S	killing Be	thesda, N		pring 0817
	couse (o), stoting	the SOURTO OR AS	A CONSEQUENCE OF					
FICATION	underlying couse PART 2 QIHER SIGN IF	FICANT CONDITIONS CONT	RIBUTING TO DEATH BU	VISIOT RELATED TO THE TERM LOUSING COUNTY ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE	RE FINDING	GS USED OF DEATH?
AL CERTIFICATION	PART 2 OTHER SIGNIF	FICANT CONDITIONS CONTINUED TO THE CONDITION TO THE CONDI	RIBUTING TO DEATH BU  THE PORT OF THE PORT	ON WAS PERFORMED  1216 HOW INJURY OCCUR	200 AUTOPSY? YES NO A	20b. IF YES, WE IN CERTIFYING YES	RE FINDING CAUSES C	GS USED
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIF	FICANT CONDITIONS CONT.  PYPERSON  INDERDITIONS  21b. TIME OF IN HOUR A.M. EXAMINER)  P.M.  In PLACE OF IN (AT HOME, STREET, I	RIBUTING TO DEATH BU  HUNG TO DEATH BU  N FOR WHICH OPERATION  JURY  MONTH DAY YEAR	ON WAS PERFORMED  1216 HOW INJURY OCCUR	200 AUTOPSY? YES NO A	20b. IF YES, WE IN CERTIFYING YES THE TEM 18, PART I CO	RE FINDING CAUSES C	GS USED OF DEATH?
	PART 2 OTHER SIGNIF  190. DATE OF OPERATION  210. ACCIDENT WAS UNDER OR CONTRIBUTING CAI IN ETIMER, NOTHY MEDICAL  210. INJURY OCCURRE WHILE AT WORK 270.1 certify that (1) (1) sow the deceased	FICANT CONDITIONS CONT.  FUTURE CONDITIONS CONT.  FUTURE CONDITIONS CONT.  FUTURE CONT	RIBUTING TO DEATH BU  TO THE TO THE STATE OF	211 LOCATION STREET  219 19 75 and that in (my) (appr) opinion of DEGREE	200 AUTOPSY?  YES NO SEED JENIER NATURE OF INJU  CITY OR TO:  10 Seed He deep to a control of the deep to a control of th	20h. IF YES, WE IN CERTIFY INC YES  RY IN ITEM 18, PART 1 C	RE FINDING CAUSES CO	GS USED OF DEATH? NO STATE
	PART 2 OTHER SIGNIE  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDER OR CONTRIBUTING CALL 116 EITHER, NOTHY MEDICAL  21d. INJURY OCCURRE WHILE NOT WHILL AT WORK AT WORK  22a 1 certify that (1) (1) sow the deceosed obove ATT well did	FICANT CONDITIONS CONTINUED TO THE CONDITION ON 19% CONDI	RIBUTING TO DEATH BU  THE PROPERTY OF THE PROP	211 LOCATION STREET  19 75 and that in (my) footh opinion in the street	ZOO AUTOPSY?  YES NO SEED JENIER NATURE OF INJUING TO	20h. IF YES, WE IN CERTIFYING YES  RY IN ITEM 18, PART 1 C	RE FINDING CAUSES C DR PART 2) DUNTY from the co	GS USED OF DEATH? NO STATE
MEDICAL	PART 2 OTHER SIGNIE  190. DATE OF OPERATION  210. ACCIDENT WAS UNDER OR CONTRIBUTING   CAI IN ETIMER, NOTHY MEDICAL AT WORK   NOTHY MEDICAL AT WORK   NOT WHILE AT WOR	FICANT CONDITIONS CONT  PLANT CONDITIONS CONT  TO 196 CONDITION  RELYING   216. TIME OF IN HOUR A.M. HOUR A.M. HOUR A.M. IT PLACE OF IT (AT HOME, STREET, IT IT IN THE CONTROL OF IT (AT HOME, STREET, IT IT IN THE CONTROL OF IT  AND   216 PLACE OF IT (AT HOME, STREET, IT  AND   216 PLACE OF IT (AT HOME, STREET, IT  AND   316 PLACE OF IT  AND   417 PLACE OF IT  AND	RIBUTING TO DEATH BU  TO THE PROPERTY  NOTE OF THE PROPERTY  NOTE OF THE PROPERTY  PROPERTY OF THE PROPERTY  TO THE PROPERTY OF THE PROPERTY O	211 LOCATION STREET  19 75 and that in (my) footh opinion of the physician before a different street.	200 AUTOPSY?  YES NO SEED JENTER NATURE OF INJU  CITY OR TO:  deoth occurred on the di  DIRECTOR PHYSIC  TO STA	20h. IF YES, WE IN CERTIFYING YES  RY IN ITEM 18, PART 1 C	RE FINDING CAUSES C DR PART 2) DUNTY from the co	GS USED OF DEATH? NO STATE
WEDICAL MEDICAL	UNDERLYING COUSE  PART 2 OTHER SIGNIF  190. DATE OF OPERATION  110. DATE OF OP	FICANT CONDITIONS CONT  PLANT CONDITIONS CONT  TO 196 CONDITION  RELYING   216. TIME OF IN HOUR A.M. HOUR A.M. HOUR A.M. IT PLACE OF IT (AT HOME, STREET, IT IT IN THE CONTROL OF IT (AT HOME, STREET, IT IT IN THE CONTROL OF IT  AND   216 PLACE OF IT (AT HOME, STREET, IT  AND   216 PLACE OF IT (AT HOME, STREET, IT  AND   316 PLACE OF IT  AND   417 PLACE OF IT  AND	RIBUTING TO DEATH BU  THE PROPERTY OF THE PROP	211 LOCATION 211 LOCATION STREET  212 ADDRESS 3   W. Schweller Street  214 ADDRESS 3   W. Schweller Street  CEMETERY OF CREMATORY	ZOO AUTOPSY?  YES NO SEED JENIER NATURE OF INJU  CITY OR TO  MEDICAL STA  DIRECTOR PHYSIC  234. LOCATION	20h. IF YES, WE IN CERTIFYING YES  RY IN ITEM 18, PART 1 C	DUNTY  DUNTY  Trom the co	GS USED OF DEATH? NO STATE that (II (we) ouses stated GIGNED

STATE OF MARYLAND

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# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	-06-81 2046
	Enriq	ueta Garcia	Almarez	SEP	-06-81 2046 8:46
3.	SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 H
	FFMALE	Caucasian	"JUL - "15 - 17	64 YRS	MONTHS DAYS HOURS N
370	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	- 9 BALTIMORE CITY OR COUNT	Y OF DEATH
80	TEXAS	United States	WIDOWED DIVORCED	TO A CONTROL OF A CONTROL OF	County
27	D. CITY OR TOWN OF DEATH  BETHESDA	NOT IN SUCH FACILITY GIVE STREET NATIONAL NAVAL	MEDICAL CENTER	126 USUAL OCCUPATION (TYPE OF WORLD ROKE ROKEING REAL ESTATE	12b. KIND OF BUSINESS INDUSTRY REAL ESTATI
10 E		OF OTHER INSTITUTION GIVE RESIDENCE BEFORE		13e. STREET ADDRESS 2125 WEST MUL	BERRY
7	I. FATHER'S NAME FIRST UNKNOWN	MIDDLE LAST	15 MOTHER'S MAIDEN GERTRUDE	MIDDLE	LAST
3 le	WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SECU 466-58-5		1501 BOLTON	ST. BALT. MD
njury, ar ather trau	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO I	ENCE OF	ERMINAL DISEASE OR CONDITION G	> 1 YEAR
2	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \( \) NO \( \)
- (1	OR COMMENTAL CAMER OF SE	ATH HOUR A.M. MONTH DA	21c HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
urked or H	WHILE NOT WHILE AT WORK ALL WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STAT
m 2 l is m	obove, (I) (we) (drd) (old no	of SEPT 19 19 view the body ofter death.	81 , and that in (my) (aur) apin	ion death accurred on the date and ha	, 19 <u>81</u> , that (I) (we)
±Z	22b. SIGNATURE G	'el Baty	DEGREE ATTENDING PHYSICIAN		9/7/8/
MPOK A	Gerald Bar	FIST MD		inic-NNMC, Beta	Sesdui Mol.
23	Burial, CREMATION, REMOVAL (SPECIE) Burial	Sent.	NAME OF CEMETERY OR CREMATOR  Ternando Cem	CITY OR TOWN	COUNTY STATE

DHMH-1650M1/B1 (VRA 15, 4)

BP.

Pumphasey Funeral Homes, P.A., Bethesda, Maryland

em. San Antonio, Texas
250. Date REC'D. BY REGISTRAR 256 BEGISTRAR'S SIGNATURE
SEP 14 1981 Annu Dan Marie

AM 114113 125 the state of the s

11-	FOR STATE	DEPARTMENT O	ATE OF MARYLAND F HEALTH AND MENTAL H	- W	24139
Ė	REGISTRAR		NER'S CERTIFICATE O	REG. NO.	
	CEASED NAME FIRST	WIDDLE	LAST	OF ESTI	MONTH DAY YEAR 26. HOL
	Lens		Anderson	DEATH MATED	9-3 1981 A
3. SE <b>1</b>	'emale white	8 17 1895 86	HDAY) MONTHS DAYS HOURS	24 HRS. 20 DATE PRONOUNCED DEAD  Se	NONTH DAY YEAR 2d. HOL
	IRTHPLACE (STATE OR DREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRI	9. BALTIMORE CITY OR	COUNTY OF DEATH
	Indiana	USA	WIDOWED TO DIVORCE	Montgom	ery
	ckville	11. NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRES 1704 Viers Mill	(5)	120. USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE)  HOUSEWife	F WORK 12b. KIND OF BUSINESS OR INDUSTRY Home
130.	STATE 13b. COU	or other institution, give residence before adm NTY 13c. CITY OR TOWN tgomery Rockvil	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 1704 Viers Mil	l Road
	ATHER'S NAME FIRST Edward	Abernath		WIDDLE	Callaway
	WAS DECEASED EVER IN U.S. AI (ES, NO. OR UNKNOWN) (IF YES, GIV	RMED FORCES? E WAR OR DATES) 213-28-3		ADDRESS	13e
Z	Canditions, if any, which gave rise to immediate cause (a) stating the under lying cause last.  PART 2 DTHER SIGNIFICANT CONDITION	DUE TO, OR AS A CONSEQUENCE (c) SCONTRIBUTING TO DEATH BUT NOT RELATED TO THE TO	ERMINAL DISEASE OR CONDITION GIVEN IN PAR	T 1 (e).	
5	190. DATE OF OPERATION	TIPE CONDITION FOR WHICH OF			Les AUTOROVO
FICA	170. DATE OF OPERATION	196 CONDITION FOR WHICH OF	PERATION WAS PERFORMED?		20. AUTOPSY?
E					
CAL CERTIFICATION	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		AR	) (ENTER NATURE OF INJURY IN ITEM 18 PAR	T I OR PART 2)
MEDICAL CERTI	UNDERLYING OR	HOUR A.M. MONTH DAY YE	AR	CITY OR TOWN	
	UNDERLYING OR CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220. I certify that I took char	HOUR A.M. MONTH DAY YE P.M. 19 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	
	UNDERLYING OR CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220. I certify that I took char	HOUR A.M. MONTH DAY YE P.M. 19 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET  Autopsy , Inspection	CITY OR TOWN	COUNTY STAT

DHMH - 17 (VR A15 ME (5)) 30M 7/73

Burial 9/5/81 Parklawn Memoral Funeral Home, Inc.
1331 Rockville Pike Rockville, Maryland Parklawn Memorial Park

9/5/81

and classical for it with put the state of real yourself HARLEY THE REAL PROPERTY. 

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direction should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. P

retained by the hospital or attending physician.

BP\_\_\_\_\_\_\_ DHMH - 16 50M 1/81 (VRA 15, 4)

3. SEX 76. BIRRI CO VI 10. CITY T8 USUAL 136 ST N/	MALE  RIHPLACE (STATE OR FOREIGN  OUNTRY)  ITGINIA  IY OR TOWN OF DEATH  AKOMA PARK  L RESIDENCE (IF NURS)  TATE	A RACE  WHITE  76. CITIZEN OF WHAT COUN  U.S.A.  11. NAME OF HOSPITAL, NU  (16 NOT IN SUCH FACILITY, GIVE WASHINGTON Add	5. DATE C MONTH TRY? 8. MARRIEI WIDOWE	DAY YEAR  DEVER MARRIED	6 AGE (IN YEARS LAST BIRTH	20 8 DAY) IF UNDER 1 MONTHS (	DAYS HOURS A
7a. BIRT	MALE  RIHPLACE (STATE OR FOREIGN  OUNTRY)  ITGINIA  IY OR TOWN OF DEATH  AKOMA PARK  L RESIDENCE (IF NURS)  TATE	Th. CITIZEN OF WHAT COUN  U.S.A.  11. NAME OF HOSPITAL, NU  (IF NOT IN SUCH FACILITY, GIVES	TRY? 8. MARRIEI	DAY YEAR  DEVER MARRIED	25 RALTIMORE CITY OF	YRS.	DAYS HOURS A
Ta USUAL 13a ST. N/	ountry) irginia IY OR TOWN OF DEATH akoma Park L RESIDENCE (IF NURS) TATE	U.S.A.  11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S	MARRIEI		9 BALTIMORE CITY OR	COUNTY OF DEAT	
USUAL 13a ST. N/	Akoma Park	(IF NOT IN SUCH FACILITY, GIVE S	IPSING HOME C		Montgomer	у	Н
13a ST.	TATE		ventist		120 USUAL OCCUPATIO TYPE OF WORK FOR MOST OF V ASSISTANTMA	WORKING LIFE) INDUS	ND OF BUSINESS STRY <b>Kenned</b> adium
14 FAT		THER INSTITUTION, GIVE RESIDENCE 13c. CITY OR Wash	TOWN	13d INSIDE CITY LIMITS?	3600 26th.	St. N.E.	
Wa	THER'S NAME FIRST  1ter	M. Angelo		15 MOTHER'S MAIDEN P	MIDDLE G.	Eckar	dt
		RMED FORCES? 16b SOCIAL SIVE WAR OR DATES) 578–22	SECURITY NO.	17 INFORMANT Ruth E. Ang	ADDRES:	# 13e.	Same as
NOI	PART 2 OTHER SIGNIFICANT  DATE OF OPERATION	DUE TO, OR AS A CONS  (c)  CONDY ONS CONTRIBUTING  CONDITION FOR WI	S TO DEATH BUT	Parkings	200 AUTOPSY?	p-	INDINGS USED
CAL	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	EATH HOUR A.M. MONTH	DAY YEAR 19	216 HOW INJURY OCCI	YES NO TO NO TO NOTE NATURE OF INJURY	YES	NO [
A	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	0/	STREET	CITY OR TOWN	v count	
			19.8/	ATTENDING PHYSICIAN 1774 ADDRESS	in death occurred on the date	n □	ATE SIGNED
1 1	URIAL, CREMATION, REMOVA		23 (. NAME OF C	EMETERY OR CREMATOR			

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR			CERTIF	ICATE OF	DEATH		REG. N	10.		
		CEASED NAME FIRST SIDI	VEY	DDLE	AP	PEL		2a DATE	OF DEATH	9	DAY YEAR	26. HOUR 3
È	3. SE		4. RACE		5. DATE (	H DAY	YEAR OO O	6. AGE (II	N YEARS LAST BI	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
1		Male RTHPLACE (STATE OR FOREIGN COUNTRY)	Whi	HAT COUNTRY?		D <b>XX</b> NEVER	1908 MARRIED				Y OF DEATH	
1	10. CI	New York ITY OR TOWN OF DEATH BETHESDA	USA 11. NAME OF HO	OSPITAL, NURSIN	WIDOWE IG HOME C		TITUTION	12a USUA	L OCCUPAT	ION	12b. KIND O	OF BUSINESS OR
1111	13a. S	AL RESIDENCE (IF NURSING HOLE OF	OTHER INSTITUTION G	IVE RESIDENCE BEFORE	N	13d INSIDE	CITY LIMITS?	13e STREE	orne			. State
2		lorida Bro	ward	Planta	atior		NO S MAIDEN NAM	108	1.N O	N. 84	th Ave	enue
1		Joseph	MIDDLE	Appel:	1	_	ara		MIDDLE		Ezze	
11		VAS DECEASED EVER IN U.S. AR VES. 100 OR UNKNOWN) (IF YES. GIV	E WAR OR DATES	66 SOCIAL SECU 12-32-2:		17 INFORM	ANT	c; 2	Muste			Mass. kington
7 6		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	D BY:	4	alme		Edem					MATE INTERVAL ONSET AND DEATH
100		Canditions, if any, which gave rise to immediate	X	AS A CONSEQUE	NCE OF	bral	Vascula	r A	rcicle	eut	10	hours
1 1		cause (a), stating the underlying cause last.	( (c) _A	AS A CONSEQUE	clavo	tu V	iscular		Suage		yea	
2	NOI	PART 2 OTHER SIGNIFICANT C	oronary	2		NOT RELATED		INAL DISEA	SE OR CON	DITION GIV	EN IN PART IC	1
3	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITI	on for which	OPERATIO	N WAS PERFO	DRMED	200 AU	NO X	IN CERTIF	S, WERE FINDIN YING CAUSES S	GS USED OF DEATH?
35/		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		mjury Month da	YEAR	21¢ HOW IN	JURY OCCURR	ED (ENTER	VATURE OF INJU	RY IN ITEM 18 P	PART   OR PART 2)	
1	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF (AT HOME, STREET	INJURY FACTORY OFFICE F	ARM, ETC.)	211 LOCATION STREE			CITY OR TO	WN	COUNTY	STATE
1		22a. I certify tha (1) This haspi sow the deceased alive on above (1) we (div) (did no	Sent	14 10		pt 14 ad that in (my)	, 19 <u><b>&amp;</b> /</u> )our) opinion o	, ta deoth accurr	Sep-	ate and hou	19_81, t	that (I) (we) last
		12b. SIGNAFORE	3 8	agail		DEGREE	ATTENDING PHYSICIAN	MEDICAI		F	22c. DATE	
		22d PHYSICIAN'S NAME (TYPEO	B. S	egal		22e ADDRES		hiela	Md.	Driv	e	
	23a B	URIAL CREMATION REMOVAL	23h DATE	123. N	IAME OF C	EMETERY OR	CDEMATORY	1224 1000	ATION			

BP

TO FUNERAL DIRECTOR: After this

TO HOSPITAL

should be detached for use as the burial-transit permit.
with the State Dept. of Health and Mental Hygiene prior

IMPORTANT: If frem 21 is mork

DHMH - 16 50M 1/81 (VRA 15, 4)

9-17-81

Burial 9-17-81 Sharon Gardens
Rockville, Md. 25a DEFP
Danzansky-Goldberg Chapels; 1170 Rockville Pike Burial
24 FUNERAL DIRECTOR

Tt. Lauderdale

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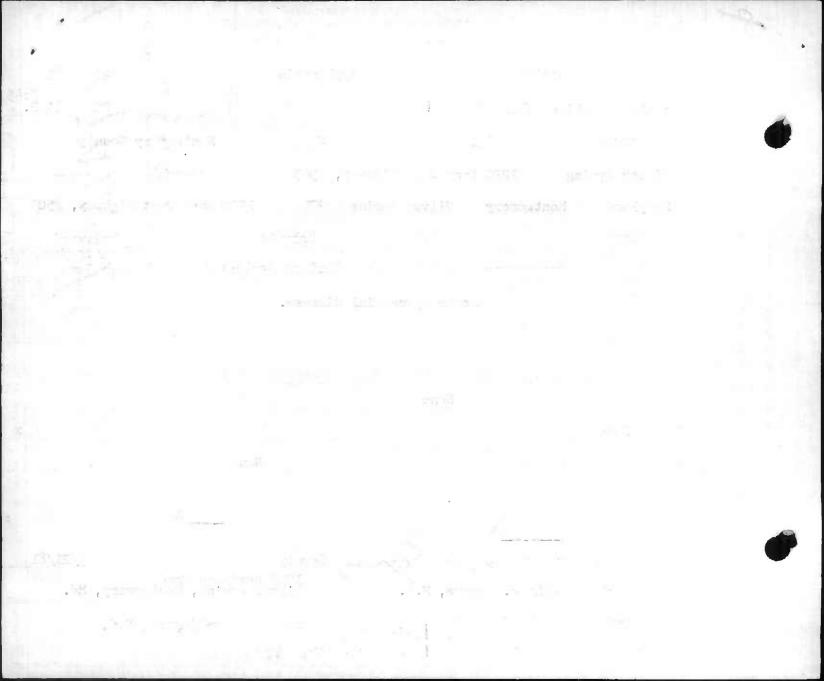
#### STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-Bessie Applestein DEATH MATED 81 19 4. RACE SEX DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 18:45 LAST BIRTHDAY PRONOUNCED 19 81 June 21 1895 86 YRS /20 P. M Female White DEAD 76. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY) Russia WIDOWED DIVORCED Montgomery County 10. CITY OR TOWN OF DEATH 20 USUAL OCCUPATION (TYPE OF WORK NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION KIND OF BUSINESS OR INDUSTRY 1220 East West Highway. Housewife Silver Spring 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? NO □ 1220 East West Highway, #503 Maryland Montgomery Silver Spring YESKX 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST Toby Fay Harry Furr (unknown) 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT ADDRES Silver Spring, Md. (YES\_NO, OR UNKNOWN) LIE YES GIVE WAR OR DATEST 579-60-8297 Herbert Applestein; 3945 Wendy Lane CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Acute myocardial disease. IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 None 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? None YES [] NO IX 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY 22a. I certify that I took charge of the remains described above, held an Inquiry and in my opinion Hamicide death resulted from: Natural couses Accident Undetermined monner TITLE (SPECIFY) ACTUAL 9/21/81 Deputy SIGNATURE SIGNED Seminary Road er Spring, Montgomery, Md. XAMINE John S. Rogers, M.D. Silver ADDRESS. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Burial Sep 23,1981 D. C. Lodge Cemetery Washington, 24 FUNERAL DIRECTOR Rockville, Md.

1170 Rockville Pike

ΒP. **DHMH-17** (VR A15 ME (5)

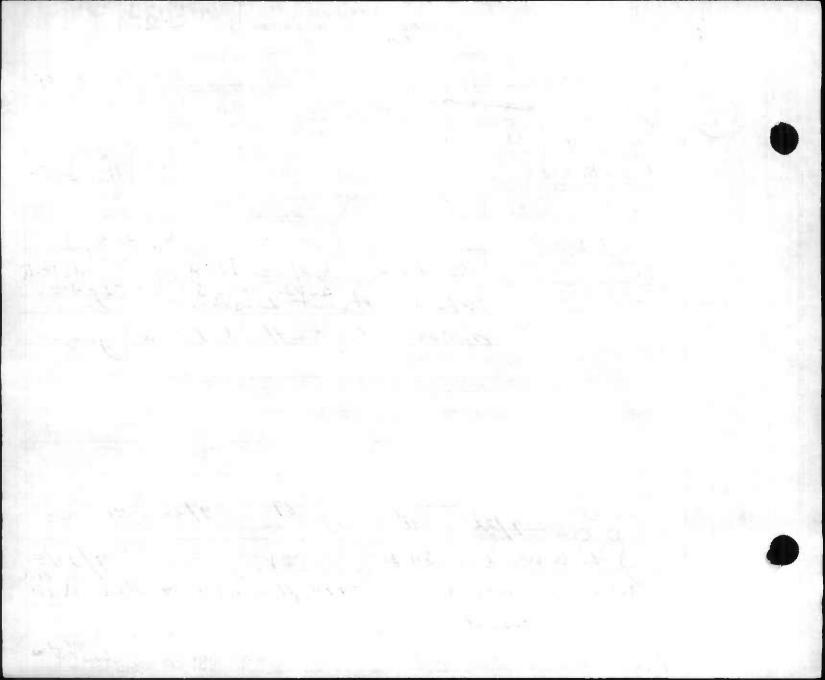
15M 2/80

Danzansky-Goldberg Chapels;



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME MIDDLE LAST 2a. DATE OF DEATH MONTH DAY YEAR 26. HOUR (TYPE OF PRINT) Koman IF LINDER LYFAR 4 RACE 5 DATE OF BIRTH 4. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH MONTHS DAYS To BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE! USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 5533 130 STATE 50 33 1136 COUNTY 13c. CITY OR TOWN 130 STREET ADDRESS 134 INSIDE CITY LIMITS? S. D. Ave N.L Dahata Wash YES X NO T 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST and 2 MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT I YES, NO OF UNKNOWN) I I IF YES, GIVE WAR OR DATES! PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a CERTIFICATION à 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NOF YES [ NO T 218. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 210 PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 220 I certify that (1) (this haspital) attended the deceased from 81 saw the deceased alive an abave (1) (we) (did) (did not) view the bady after death. \_, and that in (my) (aur) apinian death occurred an the date and haur and fram the causes stated 226 SIGNATURE DEGREE 22c DATE SIGNED TO FUNERAL ( should be detach with the State D ATTENDING MEDICAL STAFF ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN IMPORTANT 274. PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE DHMH-16 25M (VRA 15, 4) 1/79

STATE OF MARYLAND



should be detoched far use as the buriol-tronsit permit. Then please remave carbanpapers. Pages 1 and 2 sh with the Stote Dept. of Health and Mentol Hygiene priar ta burial, cremotian, ar remavol.

1D FUNERAL DIRECTOR. After this certificate has been signed by the

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

# STATE OF MARYLAND

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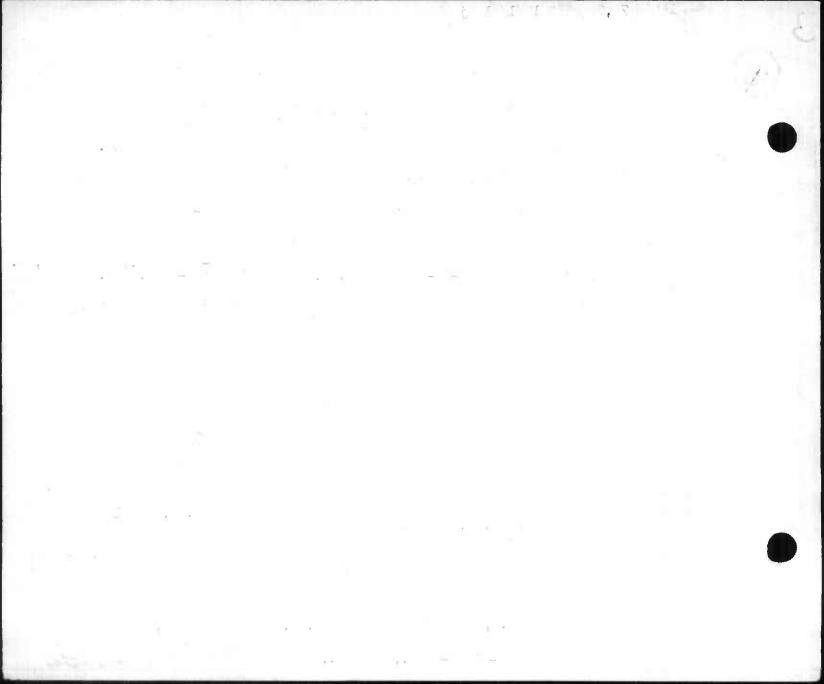
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Marij			TOWN YES	SIDE CITY LIMITS?	13. 407 E. Sha		
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		E WAR OR DATES)		CORMANT L Arvanitis	ADDRESS  ADDRESS  ADDRESS	ne as 13e	
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CERTIFICATION 61	couse to stoting the underlying couse lost	19b. CONDITION FOR W  21b. TIME OF INJURY HOUR A.M. MONTH	S TO DEATH BUT NOT RE HICH OPERATION WAS	PERFORMED	20a AUTOPSY? 2	OD IF YES, WERE FINDIN N CERTIFYING CAUSES ( YES []	GS USE
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DHMH - 16 50M 1/81 (VRA 15, 4)

Montgomery REGISTRARS SIGNATURE

1981 Parklawn Cemetery 11800 New Hampshire Ave Hines/Rinaldi F.H. Silver Spring,

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	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the deoth certificate be executed within 24 haurs after dec retained by the haspitol ar ottending physician.
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	e O

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

DHMH-16 30M 2/80 (VRA 15, 4)

IMPORTANT, If Hem 21 is marked or Hem 18 shaws ony injury, ar ather troumatic event, the medical exom

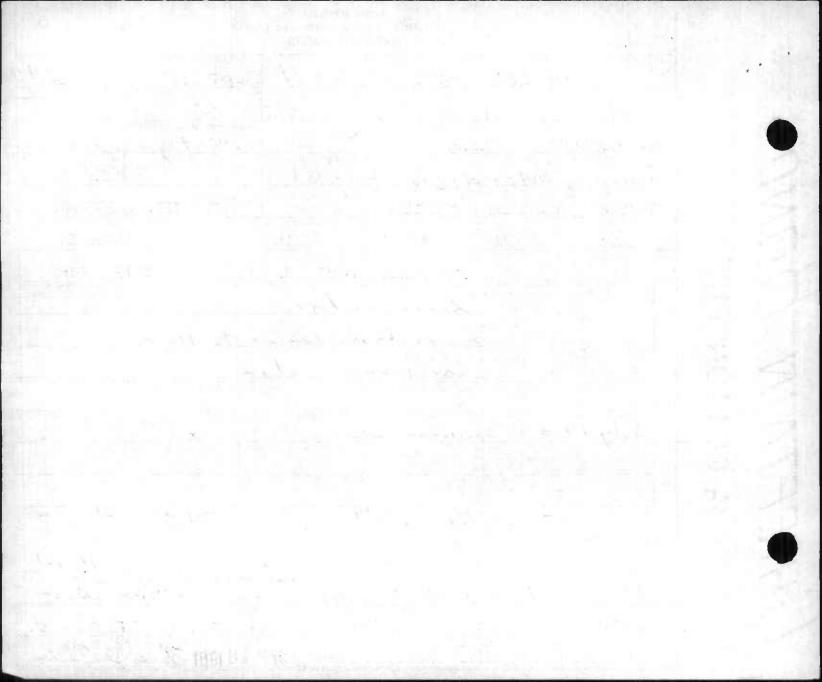
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FOR - STATE REGISTRAR DEPAR

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RTMENT OF HEALTH AND MENTAL HYGIENE 🗸		Com	6.4	- 1	4-9	0
CERTIFICATE OF DEATH	REG NO					

	REGISTRAR					REG. NO.		
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J. SE	11.	4 RACE		ATE OF BIRTH	YEAR	IN YEARS LAST BIRTHBAY)	MONTHS DAT	
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	COUNTRY)		MA	RRIED K NEVER MAR	RIED	NORE CITY OR COL	1	
-	RTH CAROLI		S.A. WID	OWED DIVOR		AL OCCUPATION	126 KIND	O OF BUSINESS OR
5	Dur. Sa.		H FACILITY, GIVE STREET ADDRES			VORK FOR MOST OF WORK	ING LIFE) INDUST	Govt.
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	IARYLAND	MONTGOMERY	ROCKVILLE	YES X NO	IMILS? IJe. STRE	810 BOILIN	IG BROOK	PARKWAY
14 FA	ATHER'S NAME	WIDDLE	LAST	15 MOTHER'S MA		MIDDLE		TAST
	LABAN	CORNELL	ATWEL	L D	ELLA		ALEXA	NDER
	WAS DECEASED EVER	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	16b. SOCIAL SECURITY N			ADDRESS	10.10	e or the
	NO		578-03-582	9   PAULINE	M. ATWEL	L SAME A		WIFE
	18. CAUSE OF DEATH PART I, DEATH W	H (Enter only one cause per AS CAUSED BY:	line far (a), (b), and (c).).	C /			BETWE	POXIMATE INTERVAL EN ONSET AND DEATH
	1500	IMMEDIATE CAUSE (o)	Liver	30.108				
	1334		R AS A CONSEQUENCE	OF J		+ /100		
	Canditions, if ony, which gave rise to immediate couse (0), stating the							
	underlying cause		RAS A CONSEQUENCE		olon			
	PART 2. OTHER SIGN	VIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISE	ASE OR CONDITION	GIVEN IN PART	1(0)
CERTIFICATION								
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ERT	21a. ACCIDENT WAS UND			21, HOW IN IUR	YES _	NO.	YES	NO 🗆
	OR CONTRIBUTING	AUSE OF DEATH HOUR A.	M. MONTH DAY Y	EAR	CCCORRED (ENTE	NATURE OF INJURY IN THE	MIS PARTIORPART	ε)
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	saw the decease	ed olive an Sep	ofter death	_, and that in (my) <del>(aw</del>	) apinion death occu	rred an the date one	d haur and from t	he causes stated
	SIGNATURE	0	1	DEGREE			22c DA	TE SIGNED
	don't	3 15 Acc	Ker me	PHY.	NDING MEDIC	OR PHYSICIAN	9/	15/81
	22d. PHYSICIAN'S NA	0 .	- 11 - 0	22e ADDRESS	101 me	d1 ca / /2	ark D	~
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	JUU MITEU	~~,~,~,			1001 -0	1301 4/20-51	man hand	4



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FOR 10/6/81 pj

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DHMH - 16 50M 1/B1 (VRA 15, 4)

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24 FUNERAL DIRECTOR

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OR ATTENDING PHYSICIAN: The law

O TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physicion.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the otheriding physicial should be detoched for use as the buriol-tronsit permit. Then please remove carbon population with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remaval

IMPORTANT: If them 21 is marked at them 18 shows any injury, or other troumatic event, ith

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.		
	(TYPE	CEASED NAME FOSEPH	A PIDDLE		1essa	20 DATE OF DEATH	PT 29	YEAR 26 HO	OUR BM
	3 SE)	ale	White	5. DATE C	ber 15, 1900	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER	DATS HOURS	ER 24 HRS MIN.
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	VIRY? 8.	_ ' XX	9 BALTIMORE CITY O	PR COUNTY OF DEA	ATH	
1	Dis	trictof Col.	USA	MARRIE	D NEVER MARRIED DIVORCED	mon	tucme	r ( /	MD
5	10 CI	I VERSPRINGS	11. NAME OF HOSPITAL, N	URSING HOME C	OS DI TAL	120 USUAL OCCUPATION OF STATE	ON 12b K	CIND OF BUSING	NESS OR
5	13a S Mar	yland Monto	ROTHER INSTITUTION GIVE RESIDENCE NTY 132 CITY OF SILVER	E BEFORE ADMISSION) R TOWN L Spring	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 8708 Coles			
C	Ni	THER'S NAME COLA Badessa	MIDDLE 1AS	7	Christina Po	rlumbo		LAST	
	(1	VAS DECEASED EVER IN U.S. AR VES. NO OR UNKNOWN) (IF YES, GIV NO	MED FORCES? 166 SOCIAL 220-44	SECURITY NO. 1-2438	Paul Curto/ne	2684 E	Calgary A	2089	
		18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE IMMEDIAT	nly ane cause per line far (a) ED BY TE CAUSE (a)	b), and (c).	intry ment		BE	APPROXIMATE INT	TERVAL ND DEATH
		Conditions, if any, which gove rise to immediate	)	ngestive	Heurt Fai	lure		minista	
		cause (a), stating the underlying cause lost		Irbuircle				weers.	
	NOI	Non functioning	conditions contributing	Kidney.	Partie State	INAL DISEASE OR CONT	distribusion in Pr	Ter. B	P41.
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING CA	AUSES OF DEA	ATH?
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART I OR P.	ART 2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, C	FFICE FARM ETC )	211 LOCATION STREET	CITY OR TO	wn cour	NIY	STATE
		22a. I certify that (I) (this hospi saw the deceased alive an abave, (I) (we) (did) (did no	/ 1/ 1/	61	nd that in (my) (our) opinion o	to, to deoth accurred an the do	29, 1981 ate and hour and tro	, that (l)	(مین) last stated
		226. SIGNATURE Hope	& Gragion		ATTENDING PHYSICIAN	MEDICAL STAF	F	9-29	
		22d. PHYSICIAN'S NAME (TYPE O	G GRAZIAN		22e ADDRESS 800 Silve	Pershing .	12- 30: hd - 2	0 510	
	En	URIAL, CREMATION, REMOVAL SPECIFY COMBMENT	23b DATE 10-2-81		emetery or crematory ncoln Mausole	23d LOCATION CITY OF TOWN	d P. Geo	raes	STATE
		neral director nes/Rinaldi F.H	11800 News Silver Spr	Hampshir			Zences C		Then
				THE PERSON NAMED IN			D		

DHMH - 16 50M 1/B1 (VRA 15, 4)

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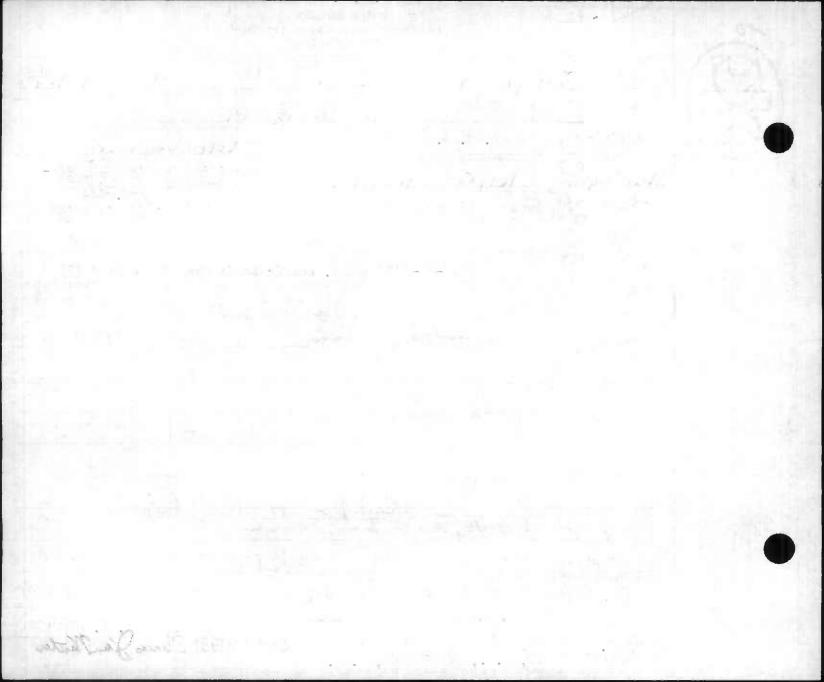
TO FUNERAL DIRECTOR, after this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, cr

OR ATTENDING PHYSICIAN: The lo

retained by the haspital ar attending physician.

DHMH - 16 50M 1/81 (VRA 15, 4)

1.	FOR - STATE REGISTRAR			STATE OF MARYL FOF HEALTH AND ERTIFICATE OF I	MENTAL HYGIEN	REG. N	2 4 1	4 9
	F OR 80 (T)		AIDOLE	LAST	20	. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
	MOT		OSEPH	BAER			13-11-1	1:3 M
3. SE	Male	4 RACE Whi	te	MONTH DAY	YEAR	AGE (IN YEARS LAST BIR	YRS.	IF UNDER 24 HRS
	IRTHPLACE (STATE OR FORE)	u.	3. A. WI		VORCED	mil	TOUNTY OF DEATH	MD
Si	Wax Sprine	(IF NOT IN SUC	HOSPITAL, NURSING HI H FACILITY, GIVE STREET ADDRE	Ssoiter		ectification of the state of th	PUDLICE INDUSTRY	Syled OF
Mo	Villand Mo		GIVE RESIDENCE BEFORE ADMI 136 SITY OR TOWN SILVER Spri	ng 134 INSIDE C	NO 🗌	s. STREET ADDRESS	Apt. 604 ersity Bouler	vard
Ø.	ATHER'S NAME Ira	WIGGE	Baer		s maiden name first <b>nna</b>	WIDQLE	Pote	bk
160	WAS DECEASED EVER IN L	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	084-03-703			oris Baer	(Same as # ]	13)
ATION	underlying couse I	Ost.  CANT CONDITIONS CO	NATRIBUTING TO DEAT	<u>H</u> BUT NOT RELATED		al Disease or con	DITION GIVEN IN PART 110	
CERTIFICATION	21g. ACCIDENT WAS UNDERLY					YES NOXX	IN CERTIFYING CAUSES YES	OF DEATH?
MEDICAL CI	OR CONTRIBUTING CAUS  (IF EITHER NOTIFY MEDICALE  214. INJURY OCCURRED	E OF DEATH HOUR A./ XAMINER) P./ 21e PLACE (	M. MONTH DAY M.	19 21f. LOCATK		ENTER NATURE OF INJUI	RY IN ITEM 18 PART   OR PART 2}	STATE
	will Not white At work  22a. I certify that the sow the decease of a county (b) we (did)  22b. State Like	s hospitolinattended III.	deceased from	and that in my	, 19 d / (our) opinion deat	toth occurred on the do	ote and hour and from the	
	Pyan MANS NAME	Control Market	Mandred 1			AEDICAL STAI		1/200
23a f	BURIAL, CREMATION, REM	10VAL 236. DATE 9/13/		OF CEMETERY OF C		PINELAWN	TCONIA V	IEW YORK
20	NATED MITSTEI 2 CARROLL ST	N HERDEW MI	MODIAL FUN	EDAI HANE	28 -AP R	C'OB D DITRAP	A REGIST AN SIGNAL	Verter



	200
	death
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed withing 4 hairs after death. For a retained by the hospital or ottending physician.
DIVISION OF VITAL	O HOSPITAL OR ATTENDING PHYSICIAN: The Infebrued by the hospital or ottending physician.
2.5	O HOSPITA

STATE OF MARYLAND 24150 FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

REGISTRAR		CEKII	FICALE OF DEATH	REG. NO.	
DECEASED NAME (TYPE OR PRINT) LVO	WEL Desr	nond	BALE	9-120/8/	OAY YEAR 26 HOUR
SEX	4 RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS (AST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
Male	Caucasia	n Nov		69 Y	MONTHS DAYS HOURS MIN.
BIRTHPLACE I STATE OR FORE		T COUNTRY? 8.		9 BALTIMORE CITY OR COU	
COUNTRY)	TICA	MARRII		MONTGOM	en/
Canada O CITY OR TOWN OF DEATH	11. NAME OF HOSE		OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b KIND OF BUSINESS OR
RUTILIETA	(IF NOT IN SUCH FAC	ILITY, GIVE STREET ADDRESS)		(TYPE OF WORK FOR MOST OF WORKI	NG LIFE) INDUSTRY
JSUAL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION GIVE	RESIDENCE BEFORE ADMISSION		Sales Manag	er   Conventions
	COUNTY 130	CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
Maryland I	Montgomery;	Silver Sprin	YES NO T	3834 Dunsina	ie Dr
4 FATHER'S NAME	WIDDLE	LAST	TS MOTHER'S MAIDEN NA	AME	LAST
David	A. B	ale	Emily		Haslam
6a WAS DECEASED EVER IN	U.S. ARMED FORCES? 16b	SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
No. V		56-01-0707	Charlotte J	Bale(Wife) seel	2 -
	inter only one cause per line		· Citar rofte 1	pare (Wile / Seel	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS	CAUSED BY:	and a -	ves ovinton	dilive	7 desa
1520 M	MEDIATE CAUSE (0)	0-10-0	to preday	()00.70.42	
130/		A CONSEQUENCE OF	sing k		2.1110
Conditions, if any, w		Chrc mi	majores		7 905
underlying cause	the DUE TO, OR AS	A CONSEQUENCE OF	: 1/1.		2111
	( (c)	Cach			3 9/3
	CANT CONDITIONS CONTR	BUTING TO DEATH BU	T NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART 11a
0					
S 190 DATE OF OPERATIO	196 CONDITION	FOR WHICH OPERATIO	ON WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
	13.1			YES NO	YES NO
190 DATE OF OPERATIO  210. ACCIDENT WAS UNDERL  OR CONTRIBUTING CAU  (IF EITHER NOTIFY MEDICAL)  21d. INJURY OCCURRED	110110 111	MONTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEA	A 18 PART : ORPART 2)
OR CONTRIBUTING CAUS	COLDENIN	MONTH DAT YEAR			
21d. INJURY OCCURRED	21e PLACE OF IN	JURY -	21f LOCATION		
WHILE NO! WHILE	(AT HOME STREET F.	ACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY
		4 10	7.0	1 16 8 1-1	9/
sow the deceased of	s hospital) attended the dec	7 /		, to	19 E/ , that (1) (we) last
above, (U (we) (did)	old not view the body ofter	death.		death accurred on the date and	hour and fram the couses stated
226 SIGNATURA	77.1		DEGREE		22c. DATE SIGNED
11/1/4	Ul lynn	- 100	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	9/20/11
22d. PHYSICIAN'S NAME			22e ADDRESS		
304m m	all wow		7901 mx	ell Are Bel	Here messory
30 BURIAL, CREMATION, REA	AOVAL 236 DATE	1231 NAME OF	CEMETERY OR CREMATORY	123d LOCATION	
(SPECIFY)			Hill Cremato	CITY OF TOWN	Pr. George Md
Cremation	9 - 22 - 19	Legar	min Cremato	r y Suittand	Fr. George Md

DHMH - 16 50M 1/81 (VRA 15, 4)

O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and camplitive filled in the hold be detached for use as the buriol-transit permit. Then please remove carbon-papers. Pages 1 and 2 thould be that the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, or ather troumotic event, th

MPORTANT: If Hem 21 is morked ar Item 18 shows ony

24 FUNERAL WECW. Chambers Co, Inc

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# TO FUNERAL DIRECTOR: 'After this certificate has been signed by the attending physician and campletely tilled to should be detached for use as the burial-transit permit. Then please remove carbompapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be attending physician

etained by the haspital ar

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If Item 21 is marked ar Item 18 shaws ony injury, ar ather traumatic event, the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

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1.	FOR - STATE REGISTRAR	DEPARTA		HEALTH AND MENT		REG. NO.	64	2 1
(TYP	CEASED NAME FIRST E OR PRINT) GARNE	TT C.		BALL		20 DATE OF DEATH MONTH September 2	, 1981	26 HOUR 22 M
-	ile	4.RACE Caucasian	5 DATE O	H DAY	912		IF UNDER 1 YEAR MONTHS DAYS RS.	IF UNDER 24 HRS
Ma	IRTHPLACE (STATE OR FOREIGN COUNTRY) ITY and	76 CITIZEN OF WHAT COUNTRY? United States	MARRIE WIDOW	ED DIVORO	CED	MONTG	OMERY	MD.
SI	IVER SPRING	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET HOLY CHOSS	ADDRESS)	OS/ITAL		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Sales		
Mar	ryland Mont	other institution, give residence before 13, city or tow 51 ver St	oring	134 INSIDE CITY LI			Mill Road	
St		tthew Ball		Louise	IDEN NAMI	WIDDLE	White	ST
	WAS DECEASED EVER IN U.S. AR VES NO OR UNKNOWN) (WWT.	MED FORCES? 166 SOCIAL SECU (F WAR OR DATES) 577-07-6		Sarah D.	. Ball	1 (Same as 136		OMATE INTERVAL
HON	Conditions, if eny, which gove rise to immediate cause (a), stating the underlying cause last.	Ally one cause per line forection (b), one DBY.  TE CAUSE (o)  DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO D	OSEOF ENCE OF	CENON!	A of	A HO CLERE	I GIVEN IN PART 1	0.
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED	D		F YES, WERE FINDI ERTIFYING CAUSES YES []	
MEDICAL CER	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE.  (IF EITHER NOTHY MEDICAL EXAMINER 210. INJURY OCCURRED  WHILE NOT WHILE  AT WORK  AT WORK	HOUR A.M. MONTH DA	AY YEAR 19 ARM, ETC )	211 LOCATION STREET	OCCURRE	D (ENTER NATURE OF INJURY IN ITE	COUNTY	STATE
	saw the deceased alive an	tal) ottended the deceosed from 19 11 view the body after death.	11	nd that in (my) (a) DEGREE	opinion de	oth occurred STAFF	hour and from the	1/
	Robert Krame	er		22e ADDRESS	30 /	ENTIN SI	Sild	11800
	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	5, 1987 Moi	nocac	y Cemeter	У	Beallsville		yland''
24 F	P.A., Rocky	t A. Pumphrey Fui ille, Maryland	neral	Homes,	250. DATE	P 10 1981	GISTRANSSIGNAT	Plather

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TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burnal-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filed within 72 hours ofter death with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

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IMPORTANT: If Item 21 is morked or Item 18 shows ony

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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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V		REGISTRAR				CERTII	ICAIL OI D	LMIII	REG. N	0.	3	
Γ		CEASED NAME	FIRST		MIDDLE	ı	AST		20 DATE OF DEATH	MONTH	OAY YEAR	2h HOUR
			Troy	I	)wain	Ва	11ew		Septembe	r 22	, 1981	1:05p
	3. SE)	K		4. RACE		5. DATE C	DAY	AŁ VD	6 AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER FYEAR	IF UNDER 24 HRS
L		ale		White	2	Mar	ch 13,	1944	37	YRS	MOIVING DATA	HOURS MIN.
	7a BII	RTHPLACE (STATE)			WHAT COUNTRY	MAADOIE	D X NEVER A	ARRIED	9 BALTIMORE CITY			
2		lahoma			States	WIDOWE	D DN	ORCED _	Montgome	•	ounty	MD
0	Ве	ty or town of t	-	Clinic	HOSPITAL, NURS CHEACILITY, GIVE STRE CAI Cen	ter,	NIH	ITUTION	120 USUAL OCCUPAT ITYPE OF WORK FOR MOST ( Pharmaci	OF WORKING LIF	126 KIND C INDUSTRY Phari	macy
3	13a. S	AL RESIDENCE (IFN TATE <b>irginia</b>	COUI arr	VTY	GIVE RESIDENCE BEFO 134 CITY OR TO Front	WN	13d. INSIDE CI YES 🔀	TY LIMITS?	13e. STREET ADDRESS Rt. 2, B	ox 1	014	
7	14. FA	Troy	С	WIDOLE	Ballew	7	15. MOTHER'S	FIRST	WE		Mea	
		VAS DECEASED EV		MED FORCES?	166 SOCIAL SEC		17, INFORMAL	٦٢	ADDR	ESS		
1		0	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	S. C.	443-40	)-4764	Mary	Balle	ew, Same	as #1	.3	
		18 CAUSE OF DE. PART I. DEATH	WAS CAUSE	nly ane cause per D BY: TE CAUSE (a)			Pneum	onia				MATE INTERVAL ONSET AND DEATH
		Conditions, if a	ay which	DUE TO, O	R AS A CONSEO		Esoph	ngeal	Cancer		11/2	vears
		gave rise ta i cause (a), sto underlying cau	mmediate iting the	DUE TO, O	R AS A CONSEO		200 pii	ogear	ouncer		- 2	years
	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0										
	CERTIFICATION	19a DATE OF OPER	RATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFOR	RMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDING YING CAUSES	
		210. ACCIDENT WAS I	-	21b. TIME C	F INJURY M. MONTH I	DAY YEAR	21c HOW IN	URY OCCURE	RED (ENTER NATURE OF INJU			
-	CAL	OR CONTRIBUTING		OH.	M.	19						
	MEDICAL	214 INJURY OCCU	JRRED WHILE	21e. PLACE (AT HOME, STI	OF INJURY REET FACTORY OFFICE	FARM ETC )	211 LOCATIO	N	CITY OR TO	)WN	COUNTY	STATE
		220 I certify that (I) (this hospital) attended the deceased from September 4., 19.81., to September 2.2, 81, that   K(we) lost sow the deceased olive an September 2.12. 81, and that in (W) (aur) apinion death accurred an the date and hour and from the causes stated above, by (we) (did) shapes view the bady after death.										
		22b. SIGNATURE	Gun	CB	other	0 17	DEGREE	TENDING HYSICIAN	MEDICAL STA	FF CIAN/M	Sent	
		22d. PHYSICIAN'S	GIND		Bott ino		CT. TNT	NATIO	NAL INSTI ENTER, BE	TUTES	OF H	EALTH
		URIAL, CREMATIO	N, REMOVAL			NAME OF C	EMETERY OR C	REMATORY	23d LOCATION	TUEST		20205
		SPECIFY) Buria		28,	1981 I	.0.0.	F.Ceme		Norman,		ahoma	STATE
7	4 FU	NERAL DIRECTOR	Robert	A. Pu	umphrey	Fune	ral		PEC'D BY REGISTRAR			URE
		Homes,						0	EP 25 1981	Orsene	26 Jan	Thather.

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN. The low

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STATE OF MARYLAND				
DEPARTMENT OF HEALTH AND MENTAL HYGIENE				
CEDTIEICATE OF DEATH				

REG. NO 20. DATE OF DEATH MONTH 2b. HOUR AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS. DAYS HOURS 1897 84

(TYPE OR PRINT)  BEI	RTHA L.	BAN	CK
3. SEX Female	white	S. DATE OF Apronith	12 <sup>AY</sup>
7- PIRTURE ACE	THE CITIZENI OF WHAT COUNTRY	10	

1.2AY MARRIED NEVER MARRIED

9. BALTIMORE CITY OR COUNTY OF DEATH MUNTGOMERY COUNT

CITY OR TOWN OF DEATH

New York

WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OF OTHER 9101 SECOND AVE. SILVER

TYPE OF WORK FOR MOST OF WORKING LIFE) own home

Montgomery

USA

SIT. Spring 15. MOTHER'S MAIDEN NAME

10024 Lorain Avenue,

14. FATHER'S NAME

CERTIFICATION

MEDICAL

0

18 shows

or Hem

rer this certificate has less the burial-transit permit and Mental Hygiene p

TO FUNERAL DIRECT should be detached for with the State Dept. a

MPORTANT

STATE REGISTRAR

DECEASED NAME

(TYPE OR PRINT)

Nicholas

Liesenbein

Wilhelmena (daughteraboress 17. INFORMANT

Schäefer

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN)

166 SOCIAL SECURITY NO.

212-74-3858 Bertha M. Stein-(same as 13e)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY mmel. IMMEDIATE CAUSE 10 Likeke Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR A A CONSEQUENCE OF years underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160

DEGREE

231 NAME OF CEMETERY OR CREMATORY

190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO		20b. IF YES, WERE FIND IN IN CERTIFYING CAUSES YES []		
21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19		JRRED (ENTER NATURE OF INJURY		
21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE

22a.   certify that (1) (this haspital)	attended the deceased fram
220.1 certify that (1) (this haspital) saw the deceased alive an	9/18 198

and that in my (aur) apinian death accurred an the date and hour and from the causes stated

51	
4/	that (1) (we) las

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 224. DATE SIGNED

PHYSICIAN'S NAME (TYRE OR PRINT)

23a. BURIAL, CREMATION, REMOVAL

COLUMBIA BLYD MARYLAND SPRING.

BP

TO HOSPITAL

hospital DIRECTOR

DHMH - 16 50M 7/77 (VR A 15 (4))

23b. DATE Burial 9-23-1981 Fort Lincoln 14 WampertoE. Pumphrey Md 8434 Ga. Ave., S.S. Md

23d. LOCATION

Brentwood Pr Georges Md.

SEP 23 1981

BERTHA L BANCK MONTSONEY LUNTY Sinter Spring fills and the single spring, me The state of the s a success in the success of

3. 70 10 U13 14 16 NOIX CIRCLES IN CIRCLES I	23
75 25 50 9	1
IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must be aptified at once.	IMPORTANT
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, pag should be detached for use as the burial-transit permit. Then pleases remove carbonoppers. Pages 1 and 2 should be filled within 72 hours after de with the State Dept. of Health and Mental Hygene prior to burial, cremation, or removal.	Shauld be de
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pag Americand by the hospital or ottending physicion.	TO HOSPITA
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	-,

DHMH - 16 50M 1/81 (VRA 15, 4)

	CEASED NAME E OR PRINT)	FIRST	100	WIDDLE		LAST	20. DATE OF DEATH	нтиом	DAY YEAR	26 HOUR
		Edna	Living	stone	Barbo	our	September		1981	12:1
3. SE	X		I. RACE		5. DATE C	H DAY YEAR	6 AGE (IN YEARS LAST BIRTI	HDAY)	IF UNDER I YEAR	IF UNDER 2
_	Pemale	5	White		Oct		93	YRS		
7a. Bi	Penna Penna	DR FOREIGN 7	U.S.	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY OF Montgon	_	Y OF DEATH	
10 CI	ITY OR TOWN OF D		(IF NOT IN SU	CH FACILITY, GIVE STREET	( ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		IFE) INDUSTRY	OF BUSINES
TISTA	Chevy Cha	ISE IRSING WOME OR C	4515	Willard	Ave.		School Tea	cher	Educ	ation
13a S	AL RESIDENCE (F NU STATE	Mont		13c. CITY OR TOV	-	136 INSIDE CITY LIMITS?	13e STREET ADDRESS 4515 Wille	ard A	ve.	
14. FA	ATHER'S NAME		IDDLE	LAST		15. MOTHER'S MAIDEN NA				
	Edward	Ĩ		Barbou	r	Loia	WIDDLE		Dieh	1
	WAS DECEASED EVE	R IN U.S. ARM	ED FORCES?	166 SOCIAL SECT		17 INFORMANT	ADDRES	S Che	vy Chas	e. Mc
(,	YES NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	140-28-	7052	Edith E Cons				
	PART I. DEATH  43 79  Conditions, if on gove rise to ir couse (a), statunderlying cou	IMMEDIATE  ny, which mmediate ting the	DUE TO, O	100000000000000000000000000000000000000	Brain ENCE OF Vasc	Syndrome ular insuffi	ciency, su	spec	+ T	Vr onset and i
FICATION	Conditions, if on gove rise to in couse (a), statumentlying cou	immediate ting the se lost.	DUE TO, O  (b)  DUE TO, O  (c)  DNDITIONS C	Chronic  PRAS A CONSEQUE  PRAS A CONSEQUE  ONTRIBUTING TO	ENCE OF Vasc		INAL DISEASE OR COND	20b. IF YE	ted.  VEN IN PART III  S, WERE FINDIN FYING CAUSES	Vr. on the
ERTIFICATION	Conditions, if on gove rise to ir couse (a), stail underlying court PART 2. OTHER SIG	in, which mediate the selection of the s	DUE TO, O  DUE TO, O  DUE TO, O  C  DUDITIONS C	Chronic  PRAS A CONSEQUE  PRAS A CONSEQUE  ONTRIBUTING TO	ENCE OF Vasc	NOT RELATED TO THE TERM	INAL DISEASE OR COND  200 AUTOPSY?  YES \( \text{NO} \)	20b. IF YE IN CERTI	ted  ven in part in  s, were finding  fying causes  es	vr on the
CAL CERTIFICATION	Conditions, if on gove rise to ir couse (a), statunderlying course (b), statunderlying course (a), and a course (b) and a course (b) and a course (b) and a course (b) and a course (c) and a cou	IMMEDIATE  IV, which mediate thing the se lost.  ATION  DERLYING   CAUSE OF DEAT.  DICALEXAMINER)	DUE TO, O  DUE TO, O  C  DUE TO, O  C  DIDITIONS C  19b. COND  21b. TIME C HOUR A	Chronic  PRAS A CONSEQUE  PRAS A CONSEQUE  ONTRIBUTING TO	ENCE OF DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED  21c. HOW INJURY OCCURE	INAL DISEASE OR COND  200 AUTOPSY?  YES \( \text{NO} \)	20b. IF YE IN CERTI	ted  ven in part in  s, were finding  fying causes  es	on the
MEDICAL CERTIFICATION	Conditions, if on gove rise to ir couse (a), statunderlying course rounderlying course rounderlying course rounderlying course rounderlying course rounderlying course rounderlying rounderlying recontributing resident rounderlying rounderly	IMMEDIATE  IV, which mediate thing the se lost.  ATION  DERLYING   CAUSE OF DEAT.  DICALEXAMINER)	DUE TO, O  DUE TO, O  CC  DUE TO, O  CC  DIPPORTO  CO  DIPPORT  The CO  The CO	Chronic  OR AS A CONSEQUE  ON TRIBUTING TO  OF INJURY  M. MONTH D	ENCE OF DEATH BUT H OPERATIO	NOT RELATED TO THE TERM	INAL DISEASE OR COND  200 AUTOPSY?  YES \( \text{NO} \)	20b. IF YE IN CERTII YI	ted  ven in part in  s, were finding  fying causes  es	Vr. on the
	Conditions, if on gove rise to it couse (a), stail underlying coupers of the couper of	IMMEDIATE  IT, which mediate ting the se lost.  GNIFICANT CO  ATION  NDERLYING    CAUSE OF DEAT.  DICALEXAMINER)  RRED  ORR	DUE TO, O  DUE TO, O  ONDITIONS CO  19b. COND  19b. COND  21b. TIME C HOUR A. P.  21e. PLACE (AT HOME ST)	CHRONIC  OR AS A CONSEQUE  ON TRIBUTING TO  OF INJURY  M. MONTH D  M. OF INJURY  OF INJU	ENCE OF DEATH BUT OPERATION  AY YEAR 19  FARM ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED  21c. HOW INJURY OCCURE  21f. LOCATION STREET  . 19 67	TO SENT	20b. IF YE IN CERTIFY YI YI ITEM 18	VEN IN PART II  S, WERE FINDIN FYING CAUSES ES  PART I OR PART 2)  COUNTY  19 81 ur ond from the	NGS USED SOF DEATH NO [
	Conditions, if on gove rise to ir couse (a), statument of the couse (b), statument of the couse (c), statument of	IMMEDIATE  IN, which mediate time diagram the se lost.  BNIFICANT CO  ATION  NDERLYING  CAUSE OF DEAT DICAL EXAMINER)  WHILE  OOR  I) (this hospite cosed of year on (did) (did not)	DUE TO, O  DUE TO, O  CALLED  DUE TO, O  CALLED  DIVIDITIONS CO  19b. COND  21b. TIME C HOUR A. P.  21e. PLACE (AT HOME ST)  View the body	CHRONIC  OR AS A CONSEQUE  ON TRIBUTING TO  OF INJURY  M. MONTH D  M. OF INJURY  OF INJU	ENCE OF DEATH BUT OPERATION  AY YEAR 19  FARM ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURR  21f. LOCATION SIREET  19 67  and that in (my) (our) apinion of DEGREE  ATTENDING PHYSICIAN	INAL DISEASE OR COND  200, AUTOPSY?  YES NO  CITY OR TOW  10 Sept.  death occurred on the dot	20b. IF YE IN CERTIN YIN ITEM 18	VEN IN PART II  S, WERE FINDIN  FYING CAUSES  ES   COUNTY  19 81  Ur and from the	NGS USED S OF DEATH NO
	Conditions, if on gove rise to it couse (a), stail underlying coupers of the couper of	IMMEDIATE  IT, which mediate ting the se lost.  GNIFICANT CO  ATION  NDERLYING    CAUSE OF DEAT.  DICALEXAMINER)  RRED  OOR  I) (this hospito  seed olive on folid) (did not)  NAME (TYPE OR	DUE TO, O  DUE TO, O  ONDITIONS CO  19b. COND  19b. COND  21b. TIME C HOUR A. P.  21e. PLACE (AT HOME ST)  Ottended the Secretary of the Body	CHRONIC  OR AS A CONSEQUE  ON TRIBUTING TO  OF INJURY  M. MONTH D  M. OF INJURY  OF INJU	ENCE OF DEATH BUT OPERATION  AY YEAR 19  FARM ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURE  21f. LOCATION STREET  19 67  nd that in (my) (our) apinion of DEGREE  ATTENDING PHYSICIAN E	INAL DISEASE OR COND  200, AUTOPSY?  YES NO  CITY OR TOW  10 Sept.  death occurred on the dot	20b. IF YE IN CERT II YE IN ITEM 18	S, WERE FINDING CAUSES ES PART I OR PART 2)  COUNTY  19 81	NGS USED  SI  that (I) (we couses sto

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
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injury, or other traumotic event, the

should be detached for use as the burial-transit permit. Then p with the State Dept. of Health and Mental Hygiene prior to bur

FUNERAL DIRECTOR:

IMPORTANT: If Hem 21 is morked or Hem 18 shaws

A EATHER'S NIAME

STATE OF MARYLAND

1 - STATE REGISTRAR	DEPART	CERTIFICATE OF		REG. NO.		2 3
1. DECEASED NAME FIRST LYPE OR PRINT) LUC!	lle W.	Barkso	dale	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR 44
3. SEX	4. RACE White	S DATE OF BIRTH MONTH OAY March 1	1919	6 AGE (IN YEARS LAST BIRTHOAY)  62 YRS	IF UNDER 1 YEAR	IF UNDER 24 HRS
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Texas	76 CITIZEN OF WHAT COUNTRY	MARRIED A NEVE	R MARRIED DIVORCED	9 BALTIMORE CITY OR COUNT Montgomery	Y OF DEATH	<i>N</i>
Rockville	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Collingswood N	T ADDRESS)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE  Manager	IFE) INDUSTRY.	it Unio
130. STATE  Md.  NOTICE OF NURSING HOME  130. STATE  MO.	E OR OTHER INSTITUTION GIVE RESIDENCE BEFOR DUNTY 13c. CITY OR TOV ntgomery Gaithers	WN 136 INSIDE	CITY LIMITS?	13. STREET ADDRESS		

v. 1	Roy	D.	Woods	Eugenia	WIOOL	Piercy
	WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARMED FORCES?  (IF YES, GIVE WAR OR DATES)	166. SOCIAL SECURITY NO. 462-16-6886	Informant Leonard S.	Barksdale	Gaithersburg, Md.
	PART I. DEATH W	H (Enter only one couse per AS CAUSED BY: IMMEDIATE CAUSE (a)	line far (0), (b), and (c)   Respiratory	Arrest		APPRÖXMATE INTERVA BETWEEN ONSET AND DE
	4920		R AS A CONSEQUENCE OF	airetery fo	ilues	3

Canditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF CARONIC RESpire fery Failure					
gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	live Airways Pisco.	ie - Emplyican	ctous Type	8 7/	
	NDITIONS CONTRIBUTING TO DEATH BUT		nal disease or con			
19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFYING	FINDINGS USED AUSES OF DEATH?	
		Very series	YES NO	YES 🗌	NO 🗌	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21¢ HOW INJURY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM IS PART I OR	PART 2)	
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19					
21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION				

NOT WHILE October 22a.1 certify that (1) (this haspital) attended the deceased fram, 50 Jepe. 25 sow the deceased olive on sept. 19, above, (1) (we) (did) (did not) view the body after death.

17b. SIGNATURE and that in (my) (aur) opinion death accurred an the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF M.O. 9-25-81

STREET

22e ADDRESS 16220 Frederick Frank J. Maye.

AT HOME, STREET, FACTORY, OFFICE FARM, ETC. I

Gaithersburg, Md. 20760 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY

Cremation 9/28/181 Lee's Crematory

316 E. Diamond Ave. Gaithersburg, Md.20877 Gartner Sandison F. H.

COUNTY

STATE

CITY OR TOWN

DHMH - 16 50M 1/81 (VRA 15, 4)

\$2 4 EV 26 10 12 12 Was becapitable of a starge of a starge of the star of

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

( IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY AT HOME STREET, FACTORY OFFICE FARM ETC ) NOT WHILE AT WORK

211 LOCATION CITY OR TOWN

that in (my) cours opinion death accurred an the date and hour and from the causes stated DEGREE

225. SIGN I RE

220 I certify that (I) (the harpital) attended the deceased from 

220 DATE SIGNED

NO

STATE

2b HOUR

6:55 am

981

INDUSTRY N/A 25 KIND OF BUSINESS OR

same as 13e

YES [

230. BURIAL, CREMATION, REMOVAL

DHMH - 16 50M 1/81 (VRA 15. 4)

MPORTAN

WEDICAL

Burial 9-14-81 11800 New Hampshire Ave 25 Hines Rinaldi Funeral Home Silver Spring, Md 20904

ELGER.

Colesville Meth. Cemetary Silver Spring

Andreas Contraction 

that the

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/	

signed by the attending physician and completely filled in by the funeral hen please remave carbanpapers. Pages 1 and 2 shauld be filed within 72 l

medical exam

injury, ar ather traumatic event, the

Then please remave a ta burial, crematian,

should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior ta bi

IMPORTANT: If them 21 is marked ar them 18 shaws any

this certificate has been

physician. PHYSICIAN:

ATTENDING

FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

M	4	1	-0	1
2	4	i	2	1

1	- STATE REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO.		
	ECEASED NAME FIRST CORA	MIDDLE	BA	RRON	9 - 20	-81	YEAR 26 HOUR
3. SI	EX	4 RACE	5. DATE OF	BIRTH YEAR	6 AGE (IN YEARS LAST BIRTHE	MONTE	DER I YEAR IF UNER 24
	Female	Caucasian	H	25 91	90	YRS	HS DATS HOURS
7a E	SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED	□ NEVER MARRIED □	9 BALTIMORE CITY OR	COUNTY OF D	DEATH
N	orth Carolina	U.S.A.	WIDOWED		MONT	60M	ERY
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OTHER INSTITUTION	12a USUAL OCCUPATION		NOUSTRY
2	ILVER SPRING	HOLY CROS	5 Ho.	SOTTAL	Sales Cler		Retail
13a.	STATE 136 COUR	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 134. CITY OR TOW	N H	VES X NO .	3902 - 23rd	Parkwa	y
14. F	ATHER'S NAME FIRST Henry	MIDDLE Ward		Mary	ME		Baum
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES?   IHL SOCIAL SECU (E WAR OR DATES)   578-05-1	N. S. S. S. T. B.	Clement Matt	ingly Temp	23rd H le Hill	
	PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUE	NCE OF	Crehmon	Arrest las Accis	but	APPROXIMATE INTERV. BETWEEN ONSET AND DI
Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO E	DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN	PART 110
CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION	WAS PERFORMED			RE FINDINGS USED CAUSES OF DEATH NO
	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		Y YEAR	21c HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY II	NITEM 18 PART 1 C	OR PART 2)
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F.		211 LOCATION STREET	CITY OR TOWN	0	OUNTY STA
	220.1 certify that (1) (this hosping the direction of the	Library Francisco	57 , ond	GREE	death occurred on the date		from the couses state  224, DATE SIGNED
	- And our	tour	1/1	ATTENDING PHYSICIAN	DIRECTOR PHYSICIA	N	1-21-0

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After etained by the haspital ar HOSPITAL

23a. BURIAL, (SPECIFY) 23b. DATE 9/24/81 Burial
24 FUNERAL DIRECTOR

23d LOCATION
circos Town Pr. Geo.

Washington National Cem. Md.

George P. Kalas Funeral Home

6160 Oxon Hill Rd. Oxon Hill, Md.

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Maryland Frince George Temple Fills x = 3902 - 23rd Farkway

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To The second	70-	FOR STATE REGISTRAR		DEPARTN	CERTIFI	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH	REG. NO.	4 1 5 8
		EASED NAME FIRST OR PRINT)		MIDDLE	LA	ST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
4 8 8 B		Christopher	D.	. Bartelm		Jr.	9/12/81 6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Tohn	3. SEX	Male	4. RACE Whit		5. DATE O MONTH	5/10	71 YRS.	MONTHS DAYS HOURS MIN.
O THE		D.C.	76. CITIZEN OF	WHAT COUNTRY?	MARRIED	NEVER MARRIED DIVORCED	BALTIMORE CITY OR COUNT  Montgomery	Y OF DEATH  MD.
W I VS		YORTOWN OF DEATH		HOSPITAL, NURSIN CHEACILITY, GIVE STREET A	ADDRESS)	R OTHER INSTITUTION	128. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING Heat & Air Cond.	12b. KIND OF BUSINESS OR INDUSTRY  Self-Emp.
AND 2120	_	L RESIDENCE (IF NURSING HOME O	NTY		ADMISSION)	spital  13d INSIDE CITY LIMITS?  YES NO NO	13e STREET ADDRESS 7201 Exfair Rd	
MARYLL ed with mpletel and 2 sh	14. FA	THER'S NAME FIRST Christopher	MIDDLE D.	Barteln		15. MOTHER'S MAIDEN N. FIRST  Juani ta	AME	Jarboe
MORE, In and col		AS DECEASED EVER IN U.S. AI		Unknown		17. INFORMANT	ADDRESS elmes Wife. Same	as item 13
reps, 201 W. PRESTON ST., I equires that the death certific in signed by the attending phy. Then please remove carbonate in the burial, cremation, or remaining, or other traumatic even injury, or other traumatic even injury, or other traumatic even	NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, C    DUE TO, C   DUE TO, C	DR AS A CONSEQUE  DR AS ACONSEQUE  THE SME  ONTRIBUTING TO E	ENCE OF A		estatic Ca of Pyr	
AL RECORDS The law requirant ion. The law requirant in permit. There is permit in the income to the income only injury to the income only injury inju	CERTIFICATION	19a DATE OF OPERATION		DITION FOR WHICH	OPERATION		YES NO NO NO	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
DIVISION OF VITA  NG PHYSICIAN: Th other this certificate as the burial-transit th and Mental Hygis arked or flee, 18 she	MEDICAL CE	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETTHER NOTIFY MEDICAL EXAMINE 21d, INJURY OCCURRED	ATH HOUR A	.M. MONTH DA	YEAR 19	211. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART   OR PART ?)  COUNTY STATE
L OR ATTENDI the hospital or L DIRECTOR: A tached for use e Dept. of Heal		WHIEE NOT WHIE 220. I certify that (1) (this hasp saw the deceased alive a above, (1) (we) (did) (did not say that the say that say the say that say that say the say that say that say that say the say that say	pital) attended the	2 19 8		4-29, 19 81	to <u>G-12-81</u> n death occurred an the date and ho	, 19, that (I) (we) lost
TO HOSPITAL retained by 1 TO FUNERAL should be det with the State IMPORTANT:		22d. PHYSICIAN'S NAME (TYPE	MI	ALTAT M.			MEXICO BYE N.W.	+ 320 , WASH D.C. 2001
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DHMH-16 30M 2/80 (VRA 15, 4)	24 FU	NERAL DIRECTOR JUSE NAME 5130 V	visc. Av	ler's Son e., News	s Inc. Wash.	D.C. 25a. DA	TE REC'D. BY REGISTRAR 251 REGIS	TRAR'S SIGNATURE

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,		FOR STATE REGISTRAR CEASED NAME	FIRST	MIDOLE		IEALTH AND MENTAL HY ICATE OF DEATH	REG NO.	DAY YEAR 2b. HOUR
X /	(TYPE	OR PRINT)	George	H	B	grtLeff	9	14 81 2:18
	3. SE)	M	4 RACE	)	5 DATE (		6 AGE (IN YEARS LAST BIRTHDAY)  6 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
W/5		RTHPLACE (STATE OR F	. // 01	5 A	Y? 8. MARRIE WIDOW	DEVER MARRIED DIVORCED	19 BALTIMORE CITY OR COUNTY	
by The life of The	5,	IVER SILI		OF HOSPITAL, NUR NSUCH FACILITY, GIVE STE	EET AOORESS) . /	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING  Teacher	126 KIND OF BUSINESS OF
filled in nould be 7	13a. S	AL RESIDENCE (IF NURSI STATE Md.	ING HOME OR OTHER INSTITU 13b COUNTY Montgomer	13c. CITY OR TO	ORE ADMISSION)	13d INSIDE CITY LIMITS?	1 e STREET ADDRESS 1.3314 Magellan	
ond 2 sh		THER'S NAME FIRST Orman Bard	tlett	LAST		15 MOTHER'S MAIDEN N. FIRST  Josephine	AME	LAST
Poges 1	{ Y		IN U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE			Martha D. B	ADDRESS	
signed by the ottending physici Then please remove corbon popei to burial, cremation, or removal. njury, or other traumatic event, th	NO	PART I DEATH W  430 O Conditions, if ony, gove rise to imm couse to, storing underlying cause	DUE TO Which hediote g the DUE TO	o, cepebro o, or as a consec o, or as a consec o, mycotic	LUFOCE OF QUENCE OF QUENCE OF	arotid cudas	around artery	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  B days  9 days  9 days  IVEN IN PART 110
te hos beer sit permit rgiene prior shows ony i	CERTIFICATION	19a DATE OF OPERAT	NON 196 CC Reg	phired (2)	Carot	WAS PERFORMED CONTENTS	YES NO IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \( \) NO \( \)
nding physical certifical buriol-from I Mentol Hy or Item 18:	MEDICAL CI	OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CO	AUSE OF GEATH HOUR		DAY YEAR	211. LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM SE	PART I OR PART 2)
I or otten R. After thi Use os the I Teolth and Is marked a	ME	WHILE NOT WHAT WORK 220. I certify that (I)	(fine hospital) attende	the deceased loan	9/	STREET 19.8	CITY OR TOWN	COUNTY STATE  19 that (1) (we) los
by the hospito ERAL DIRECTO e detoched for Stote Dept. of b ANT: If frem 21:		oboy (I) (we) (d	did) (did not) view the b	.1	31.0	DEGREE ATTENDING PHYSICIAN	deoth occurred on the dote and ha	22c. DATE SIGNED
TO FUNERAL should be deto with the Stote IMPORTANT:		201. PHYSICIAN'S NA	or loff,	MD		BED	B WISCONSIN A HESDA, MD. 2	NE.
BP	I	URIAL, CREMATION, I SPECIFY) Burial	REMOVAL 23b DATE		Gate of	EMETERY OR CREMATORY  Heaven	Silver Spring	Montgomery Mo
AH - 16 50M 1/B1 (VRA 15, 4)		nes/Rinald		00 New Ha		2 Ave 250 Si	PET 8 1981 CAN	signature Signature

and belified that an afterest described . Cartal Carlos (SEE 1921 Annual March

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

0 18	41		1-	STATE REGISTRAR		DEPARI		ICATE OF DEATH	REG. I	VO.		
(M)	200			CRASED NAME FIRST OR PRINTS AMUEL	H	MIDDLE	eLL	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
9e 4	ector pu		3 SE)	M	4 RACE	V	S. DATE O		6 AGE (INYEARS LAST E	(RTHDAY)	MONTHS DATS	IF UNDER 24 H
Geoth. Po	in 72 hou of once.	47	70. BII	OUNTRY)  Wash D.C.	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIEI WIDOWE		9 BALTIMORE CITY Mont	OR COUN	1	
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LAND 21:	y filled in should be	35	413a. S	M.D. P.	inty Geo	13c. CITY OR TOV		13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS 99 73 - G	ood h	uck Rd /	11 # f qt
E, MARYI	ampletel and 2 s	00		THER'S NAME Somuel	MIDDLE	Bell		15. MOTHER'S MAIDEN NA FIRST Kargo	ret G	or ma		
TIMORE be exec	rs. Pages	2		YAS DECEASED EVER IN U.S. AI	rmed forces?	icty xxxxx	14582 24XXX	B <sup>7 INFORMAN</sup> (daug <b>SXXX</b> Elizab	hter) ADD eth Watso	on-Dr	., Lan	
IST., BAI	ng physic bon pope removal.	Ī		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE)	ED BY:	line for (a), (b), or He parto -		faiture			BETWEEN	wks.
RESTON e death	move cor notion, or troumoti			Conditions, if ony, which gave rise to immediate	DUE TO, O	Cirrhos		of liver			und	eter.
201 W. F	please re priol, cren			cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	(c)	Chronic	alc	whol abus		10.1710.110		eter.
AL RECORDS,	been sign mit. Then prior to bu		ATION	/ 1 /	itmorrh	Mye 5	ec .	to acute	200 AUTOPSY?	200 FY	es, were finding	VGS USED
	cote hos onsit per Hygiene p 8 shows i	2	CERTIFICATION	210, ACCIDENT WAS UNDERLYING	216. TIME O			21¢ HOW INJURY OCCUR	YES NO RED (ENTER NATURE OF INI	,	IFYING CAUSES (ES   PART 1 OR PART 2)	NO [
DIVISION OF VIT NG PHYSICIAN:	his certifi buriol-tr d Mental or Item 1	7	MEDICAL	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	P. PLACE	OF INJURY	19	211 LOCATION	CITY OR I	OWN	COUNTY	STATE
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OR ATTE	ched for Ched for Dept. of h	61		sow the deceosed olive or above, (I) (web/did) (did no 22b, SIGNATURE	nat) view the body		~ [	d that in (my) ( apinian DEGREE			22c. DATE	
SSPITAL (	JNERAL E d be deto he Stote E STANT: H		0	22d. PHYSICIAN'S NAME (TYPE	( · \ \ /		10	22e. ADDRESS	DIRECTOR PHYS	-	19/7	13/87
TO HC	TO FUN should k with the IMPORT	1	23n B	URIAL CREMATION REMOVAL	) impsor		NAME OF C	8106 N.H.a	1234 LOCATION	Spr 18	3 ma	2090

sow the deceased alive on 1 - 22 above, (1) (web (did) (did nat) view the body after death. \_19\_\_\_\_, and that in (my) ( apinian death accurred an the date and haur and from the couses stated DEGREE 22c. DATE SIGNED MEDICAL PHYSICIAN X DIRECTOR PHYSICIAN 22e. ADDRESS 8106 230 BURIAL, CREMATION, REMOVAL (SPECIFY Burial 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE STATE Md . 9-25-1981 CITY OR TOWN Fort Lincoln Brentwood Georges Warner Pumphrey, 250. DATE REC'D. BY REGISTRAR Inc .DPL anlaste 8434 Ga. Ave., S.S. Md.

STATE OF MARYLAND

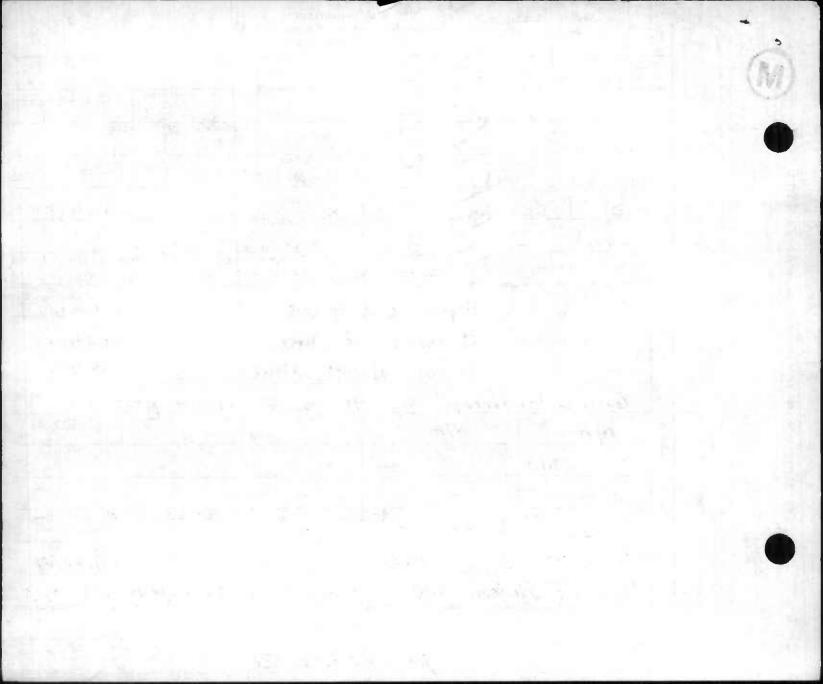
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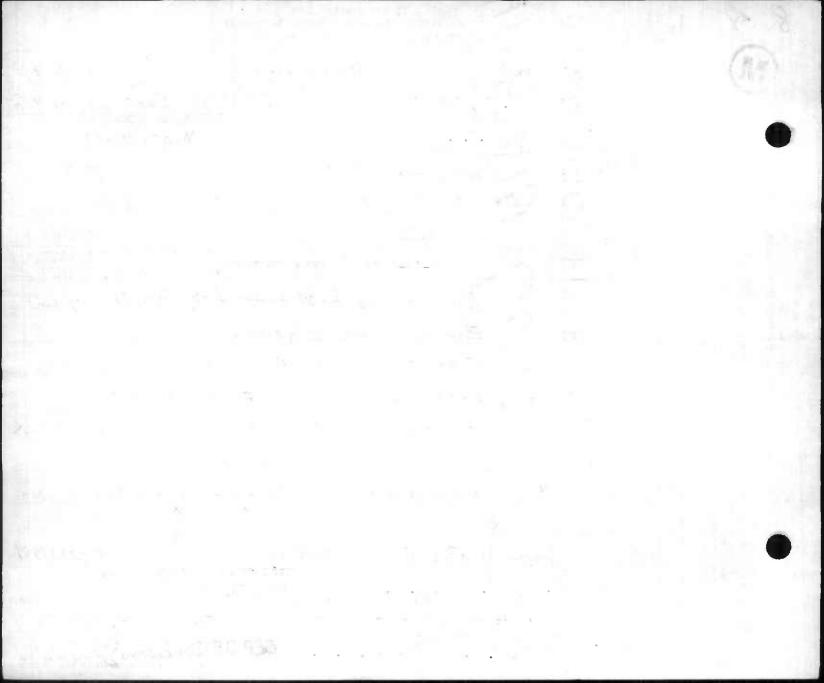
STATE

Greenfield Lanham, Md APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 WKS

IF UNDER 24 HRS

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STATE OF MARYLAND

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<b>A</b> `	1/1		RTHPLACE (STATE OR F	OREIGN 7	CITIZEN OF	WHAT COUNTR	Y? 8	D NEVER A	AAPRIED T	9 BALTIMOR	E CITY OR COUNT	Y OF DEATH	
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T., BA	physi mova went,		PART I. DEATH W	AS CAUSED	BY	Rest	ivat	316 9	Failer	10		BETWEEN	ONS
re death cert	rrending ive corbai ian, ar re numotic e	16	Conditions, if any,			R AS A CONSECUTION	UENCE OF	a 0	460	ung (5	mall cell)	6.	316
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AL RECO	at permit	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHIC	CH OPERATIO	N WAS PERFO	RMED	YES	IN CERT	ES, WERE FINDI IFYING CAUSES IES [	
ON OF VIT HYSICIAN: Iding physic	ental Hygental Hygen 18 s		210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	216 TIME O HOUR A.	M. MONTH	DAY YEAR	216 HOW IN	JURY OCCURR	ED (ENTERNATE	IRE OF INJURY IN ITEM 18	PART   OR PART ?)	
DIVISION OF VITAL RECORDS  NG PHYSICIAN: The low requi	as the but hand Me and Me and Me and Me ar I	MEDICAL	21d INJURY OCCURE WHILE NOT WH AT WORK NOT WH	HE 🗆	21e PLACE ( (AT HOME STR	OF INJURY EET, FACTORY, OFFIC	E FARM ETC )	211 LOCATIO	N		CITY OR TOWN	COUNTY	
TTENDI	for use of Healt		22a.1 certify that (1) saw the decease above, (1) (we) (d	d alive an_	911		01	d that in (my)		, to leath occurred	on the date and ha	, 19 Selection, 19 Sur and from the	tha
ALOR A	detoched detoched ote Dept.		226. SIGNATURE	Fere		fort	us	DEGREE	TTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	220 DATE 9/6	SIC
SPIT d by	d be the Stran		22d PHYSICIAN'S NA	ME (TYPE OR F	PRINT)			22e ADDRES	S				-
O HOSI	with the		G. Le	onard	Gold	, MD.		8630	Fento	n Str	eet, Si	lver S	or
7 9 1	- 0 3 5	73a B	LIPIAL CREMATION	DEMOVAL	224 DATE	1 22	NIAME OF C	EMETERY OR C	DEMATORY	Tasa LOCAT	ION		_

FOR

- STATE

REGISTRAR

Coleman Flowering Tree La. son-Gambrills, Md. cell NDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ JURY IN ITEM 18 PART | OR PART 21 COUNTY that (1) (we) last date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN G. Leonard Gold, MD. 8630 Fenton Street, Silver Spring, Mo 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN Burial 9-3-1981 Fort Lincoln Brentwood Pr Warner E. Pumphrey, 434 Ga. Ave., S.S. Md(

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DHMH - 16 50M 1/81 (VRA 15, 4)

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B	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 1 2 4	0 4
oge 3	DECEASED NAME FIRST (TYPE OR PRINT) Jan	nes M	Blanks	September 3,	1981 10 A
od , para liter o	male.	A RACE Black	5. DATE OF BIRTH  Jan. 25, 1940	6 AGE (IN YEARS LAST BIRTHDAY) IF	UNDER I YEAR IF UNDER 24 HR.
20	BIRTHPLACE (STATE OR FOREIGN COUNTRY)     N . C .	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY O	ounty N
FINES	Silver Spring	HOLY CROSS HOS	pital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS O INDUSTRY
10 17/	Washington	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR JUNTY D.C.	YES NO	13e STREET ADDRESS 14 Halley Pl	ace,S.E.
001	Monroe Blanks		Laura Ri	vers	IAST
Special Specia	(YES, NO OR UNKNOWN) (IF YES, C	ARMED FORCES? 166 SOCIAL SECU 239 56	3033 Mrs. Shi	rley Blanks-wif	e-14 Halle
signed by the attene hen please remove ca to burial, cremation, o ijury, ar other troumo	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE  (b) DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO I	INCE OF	entiated Cymphom	
has been to permit. The ene prior to ows only in	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		VERE FINDINGS USED NG CAUSES OF DEATH?
/ -	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF ETIMER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE AT WORK AT WORK	EATH HOUR A.M. MONTH DA	19 21f LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18. PART	
oched for use a Dept. of Health If Item 21 is moi	220.1 certify that (I) (this has	not) view the body ofter death.	, and that in (my) (auch opinion DEGREE	a death occurred on the date and hour o	nd from the couses stoted
O FUNERAL Could be detected the the State PORTANT	G. Leonard	CR PRINTI	ATTENDING PHYSICIAN 274 ADDRESS	AEDICAL STAFF DIRECTOR PHYSICIAN	9/3/8/

STATE OF MARYLAND

DHMH - 16 50M 1/81 (VRA 15, 4)

De BURIAL CREMA
Burial emetery Clarkton, N.C.
Po. DATEREC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNAT
ROAD, NE. SEP 17 1981

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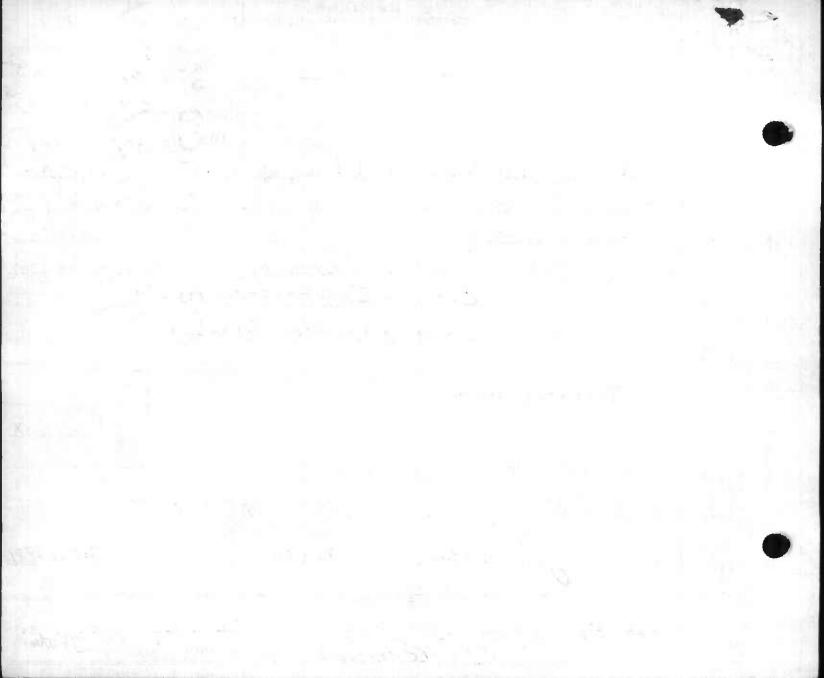
14 Halley Place, D. B.

Laura Rivers

239 56 3033 Mrs. Shirley Blanks-wife-14, Hr

MID.

1 1	1.	FOR	DEPARTA	STATE OF A	AARYLAND I AND MENTAL HYG	PNE 1 2	4 1 6	5
	11-	STATE REGISTRAR			ERTIFICATE OF D		NO.	
みげて		CEASED NAME FIRST	WIDDLE		LAST	20. DATE KNOWN J		YEAR 76. HOUR
25 S. S. F.	(14)	ROSC	oe L	B	1055	OF ESTI- DEATH MATED	09 0/19	3/53
S NECESSARY—PLEASE FUNERAL DIRECTOR E. S FOR VORR FILES ED, WITHIN Z HOURS W, PRESION STREET.	3. SE		5. DATE OF BIRTH  6 25 1925	LAST BIRTHDAY) MONT	IDER 1 YR. IF UNDER 24 H	RS. 2c. DATE PRONOUNCED DEAD	MONTH DAY	YEAR 2d HOUS
S A S A S S S S S S S S S S S S S S S S	1/ 70. B	IRTHPLACE (STATE OR	76. CITIZEN OF WHAT COUN	rpy2 Is		9 BALTIMORE CITY	OR COUNTY OF DEA	8/ 5 pm
NECESSAPI UNERAL DI 5 FOR (YOU WITHIN 7	14 8	Colorado	USA	MARR	ED 🔀 NEVER MARRIED (	d m	1	1
A HILE	93 10.0	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT, IN SUCH FACILITY, GIVE ST	REET ADDRESS)	1 11 = [1]	USUAL OCCUPATION (TO FOR MOST OF WORKING LIFE)	ORINI	
3 TOPEL	J. USU	AL RESIDENCE (IF IN NURSING HOME O	OTHER INSTITUTION, GIVE RESIDENCE I	HOURS ADMISSION)		Retired	Phys	icist
21201 AND AND HOULE	25 Ma	ryland Montg		kville		STREET ADDRESS 2632 St. Ja	ames Road	
MD. H. IF 7.2, 7.3, 7.2, 7.2, 7.2, 7.3, 7.3, 7.3, 7.3, 7.3, 7.3, 7.3, 7.3	17 14.E.	ATHER'S NAME		AST	15. MOTHER'S MAIDEN N		LAST	
BALTIMORE, MD.: SAFTER DEATH. IF GIVE PAGES 1, 2, 7 TITH FORM PM. 3 PAGES 1 AND 2 SH NISION OF WITH	2/	Roscoe	Lorimor	Bloss	Eugenie	2	Phil	lips
RESTON ST., BALTIMOR HIN 24 HOURS AFTER DE IN ITEM 18 GIVE PAGE R ALONG WITH FORM R ALONG WITH FORM PASIT PERMIT, PAGES 1 A HYGIENE, DIVISION OF	160.	WAS DECEASED EVER IN U.S. ARA (ES, NO, OR UNKNOWN) (IF YES, GIVE Y	AED FORCES? 16b. SOC VAR OR DATES)	IAL SECURITY NO.	17. INFORMANT	ADDRÉS	S	
BALI S AF GIVE ITH PAG VISI	/	yes WW1		28-2141	Corine C.	Bloss-wife		
: " 3 - 0		18. CAUSE OF DEATH (Enter and PART I DEATH WAS CAUSED	PV		SUFFIE	ney Acut	APPRO BETWEEN	XIMATE INTERVAL NONSET AND DEATH
ON THE PER OF THE PER	N/A	IMMEDIAT	CAUSE (a) COFO		, 30 , 3	7 / 100		
PRESTON ST., ITHIN 24 HOUR CIL IN ITEM 18. VER ALONG W ANSIT PERMIT.	EWO	Conditions, if any, which	1 0		cular D	isease.		
W. W. ENCINE	OR R	gave rise to immediate cause (a) stating the <u>under-</u>	(b) DUE TO, OR AS A CON		C - 181 y	, , ,		
EDS, 201 W. PRESTON ST. XECUTED WITHIN 24 HOUNG" IN PENCIL IN ITEM 18 NG" IN PENCIL IN ITEM 18 SAL EXAMINER ALONG VENCIL IN INTERNIT AND MENTAL HYGIENE.	ATION, OR REMOVAL	lying couse last.	(c)					
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXEC RITING THE WORD "FENDING" ROED TO THE CHIEF MEDICAL E 3 SHOULD BE USED AS A BUR E DEPARTMENT OF HEALTH AND	CREMATION,	PART 2 OTHER SIGNIFICANT CONDITIONS		ED TO THE TERMINAL DISEAS	OR CONDITION GIVEN IN PART 1 10	Į.		
ECORDS  Deficiency  MEDICAL  AS A BUI  SALTH AN	ON ON	Diabete	s Mellitus	5				
SHOULD SHOULD ORD "PE CHIEF A E USED /	OBURIAL, CREA	190. DATE OF OPERATION	196. CONDITION FOR V	HICH OPERATION W	AS PERFORMED?		2B AUTO	OPSY?
SK CHEST	E E	21a. EXTERNAL CAUSE WAS	AND TIME OF INCOME.				YES	□ NO X
A PARE WILD E	23	UNDERLYING OR	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	OW INJURY OCCURRED (EF	NTER NATURE OF INJURY IN ITEM I	B PART 1 OR PART 2)	
CERTIFICA CERTIFICA TING THE 3 SHOULD DEPARTM	MEDICAL	CONTRIBUTING CAUSE OF D	EATH P.M.  21e PLACE OF INJURY	19 (AT HOME.   21f. LO	CATION			
DIVISION OF VITAL RECORDS  TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXEC EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" PAGE 4 SHOULD BE FORWARDED TO THE CHIEF AKEDICAL TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BUT OF FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BUT OF PLANTH HIPE STATE DEPARTMENT OF HEALTH AND	21201 P	WHILE NOT WHILE C	STREET, FACTORY, FARM, ET		TREET	CITY OR TOWN	COUNTY	STATE
MER: CATE FOR: THE S	AND,		of the remains described abov			, , —	and in my apinion	
REC BE	RYL	death resulted from: Notur	ol couses . Accident	, Suicide		ndetermined manner	,	
A B B B B S	3	ACTUAL SIGNATURE	In Is. Bel	(	Depot 4	MEDICAL EXAMINER	DATE Sal	71.1981
EA SE	NO.	1			1	WEDICAL EXAMINER	SIGNED	
A STATE OF THE STA	1	(TYPE OR PRINT)	ohn G. Ball	DME	ADDRESS Bethe	esda, Mary	Land	
INV-LAGEA	23a.B	URIAL, CREMATION, REMOVAL 2.	b. DATE 23c. N	AME OF CEMETERY O	R CREMATORY 23	LOCATION CITY OR TOWN	COUNTY	STATE
/du/ BP	74 5		9-4-1981 Me	tropolit	an Z	lexandria	GISTRA L GNATUA	Va
DHMH - 17 (VR A 15 ME (5	5)1	WE 134 Ga. AV	mphrey Inc	251.15		- 1	(Va 7)	arthen
(VK A 15 ME (3	'11'		last	OULL	en SFP	8 1981 GA	nces ,	



Items #18a-22a Film G560 10/29/81rcstate OF MARYLAND

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH JACOB 4. RACE White male 96 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED MARRIER Montgomerc KUSSIA WIDOWED DIVORCED KIND OF BUSINES SILVER SPRING 11200 LOCKWOOD DRIVE, Apt. 913 MARYLAND MONTGOMERY 15. MOTHER'S MAIDEN NAME MORDECHAI BREGMAN GITTLE (UNKNOWN) LAST 16b SOCIAL SECURITY NO. 17. INFORMANT 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 8201 16TH STREET, APT. 825, 112-26-2034 SILVER SPRING MARMAND 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiovasewar gave rise ta immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. INTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11d 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20m AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER 21e PLACE OF INJURY 21f. LOCATION (AT HOME STREET, FACTORY OFFICE, FARM ETC.) STREET COUNTY NOT WHILE 22a. I certify that (1) (the hospital) attended the deceased fram w the deceased alive of (Que) apinion death occurred an the date and havr and from the couses stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN

WELLWOOD CEMETERY

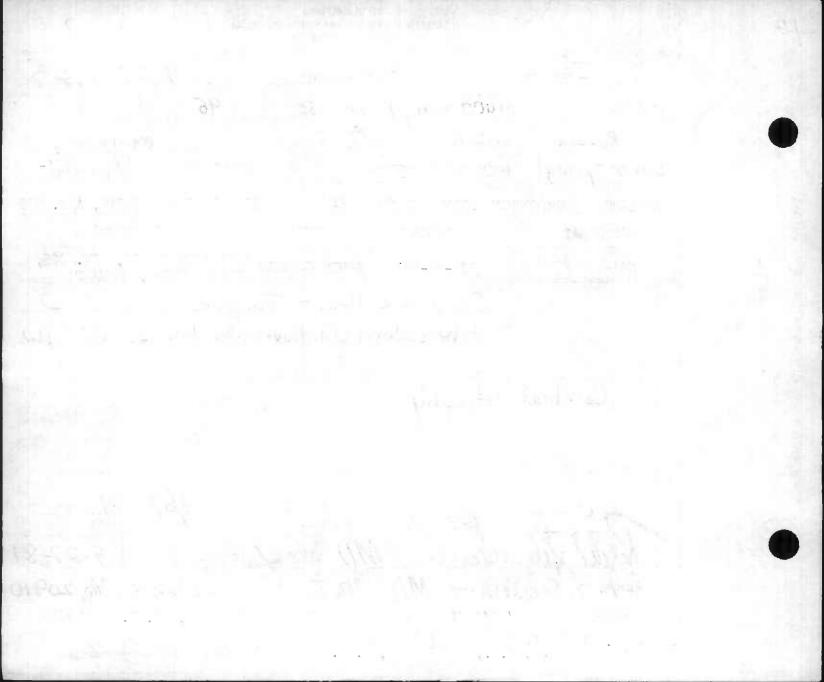
DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTAN

DONALD MISSTEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N.W., WASHINGTON, D. C. DAJE REC'D. BY REGISTRAR 231 REGISTRAP'S SIGNATURE

ICOUNTY NEW YORKIE

PINELAWN.



		FOR STATE REGISTRAR			MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	2 4 1	6 8
WA		CEASED NAME FIR	JANE COME	WIDDIE OT	IVER	BRIDE	20 DATE OF DEATH MONTH	- 17- 81	10 Am
1	3. SE	× • Female	4 RACE		5 DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
23		RTHPLACE (STATE OR FOREIG COUNTRY)  Virginia		WHAT COUNTRY?	8 MARRIE WIDOWE	NEVER MARRIED DIVORCED	BALTIMORE CITY OR CO	UNTY OF DEATH	MD.
20	1	Be Nesda	11. NAME OF	HOSPITAL, NURSIN CH FACILITY, GIVE STREET,		OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK FOR MAST OF WORK)	17b. KIN K	Home
3	13a. S	irgina	COUNTY Madison	GIVE RESIDENCE BEFORE 13c CITY OR TOW  Aroda		13d INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS S.R. 3 Box	137 A	
2		THER'S NAME FIRST  Lewis	Benton	Oliver		15. MOTHER'S MAIDEN NAM	WIDDLE	Watki	
Sedico 3		VAS DECEASED EVER IN U YES, NO OR UNKNOWN) (IF	I.S. ARMED FORCES? YES, GIVE WAR OR DATES)	578-12-1		Paul N. Gard	ner Jr. 737-S	eerfield   .E. lst W	
event, the		18 CAUSE OF DEATH EN PART I. DEATH WAS C	nter only one couse pe CAUSED BY MEDIATE CAUSE (0)		A			APPROX BETWEEN	ONSET AND DEATH
troumotic		Conditions, if any, whi	ich ( (b)	AS A CONSEQUE	S T	ATIC CANO	CAR ILIVE	N 38	Must
ar ather		couse (a), stating t underlying couse to	DUE TO, C	RAS A CONSEQUE	27	"KIGAO]	PAWCRE	CA 1	YR
prior to bu	ATION	PART 2. OTHER SIGNIFIC	1 LAP	A C	1	Wolter	NAL DISEASE DR CONDITIO	N GIVEN IN PART 11	O NGC HEED
1	CERTIFICATION	21a. ACCIDENT WAS UNDERLYED			OFERATIO			TERTIFYING CAUSES YES [	
or Item 18	MEDICAL C	OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEX 214 IN JURY OCCURRED	OF DEATH HOUR A		YEAR 19	211 LOCATION	TEMPER MAILURE OF HOUSE HATH	EM TO PART I OR PART 2)	
	ME	WHILE NOT WHILE E	(AT HOME, ST	REET, FACTORY, OFFICE F	ARM ETC)	STREET	CITY OR TOWN	COUNTY	STATE
m 21 is marked		22a.1 certify that (1) (this saw the deceased of	ive on 9/17	ofter death.			eath occurred on the date on	d hour and from the	
ANT: # Hem		22d. PHYSICIAN'S NAME	donn	any	of r	ATTENDING PHYSICIAN 2	MEDICAL STAFF DIRECTOR PHYSICIAN [	22c. DATE	17/81
WEORT	22	DRILE	OTO	ONOV	AN	8218 W	112Carry	ax B	IL De
	(	SURIAL, CREMATION, REMO SPECIFY) Cremation	9/18/1	981 0	edar	EMETERY OR CREMATORY Hill Cremator	zad LOCATION CITY OR TOWN Suitland	Maryland	Staly
	74 FL	JNERAL DIRECTOR Jos	eph G <sub>a</sub> wler Wisc. Ave.			D.C. 250	PE20 14 1987 AR	CHULA	URE .

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HOMES, P.A., BETHESDA, MARYLAND

(VRA 15, 4)

FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

25. HOUR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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STATE

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1981

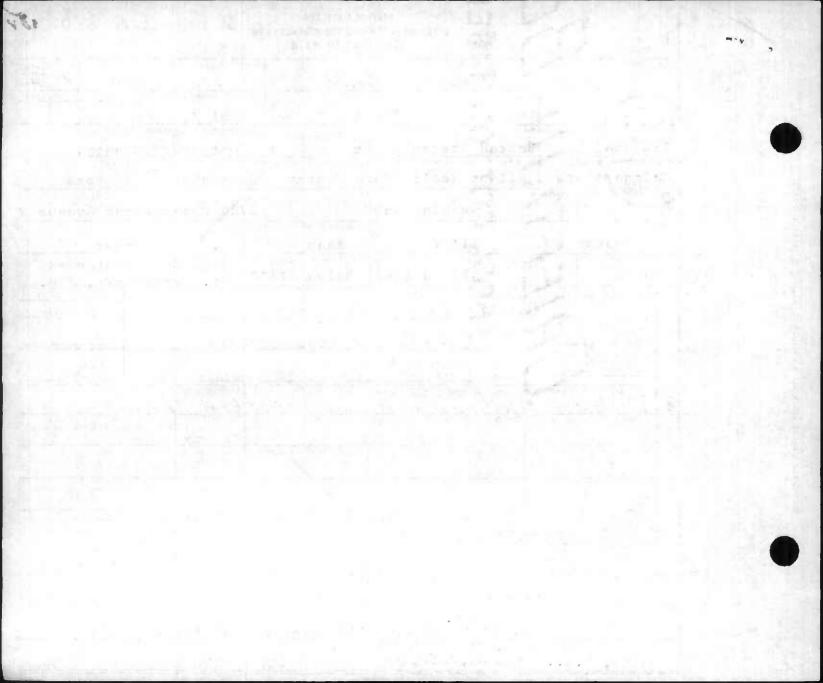
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COUNTY

27s DATE SIGNED

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INDUSTRY



STATE OF MARYLAND

1	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG	IENE Ö	REG. NO	la	4	, 0
	CEASED NAME	FIRST		MIDDLE	l	AST .	2a DATE OF E	DEATH A	AONTH	DAY YEAR	26 HOUR
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3 SE			RACE		5. DATE C	OF BIRTH	6 AGE (IN YE	200		IF UNDER I YEAR	IF UNDER 24 HRS
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	IRTHPLACE (STATE OR	FOREIGN 7b	CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	D NEVER MARRIED	9 BALTIMOR	E CITY OR		TY OF DEATH	
	MONTANA	100	USA		WIDOWE		MONTG	OMERY	COL	UNTY	MD.
10 C	ITY OR TOWN OF DEA	ATH 13	NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12m USUAL OF	FOR MOST OF	WORKING		OF BUSINESS OR
-	THESDA			MED.CTR		HESDA, MD.	Hon	nemak	er		
13a.	AL RESIDENCE IN NURS	III COUNTY		13c. CITY OR TOW		134 INSIDE CITY LIMITS?	13e STREET AL				PT. 056
-	RGINIA_	FAIRF	'AX	MCLEAN		YESX NO		LD DC	MIN.	ION DR.	<u>Rexyana</u>
34. F.	JOSEPH	MID	MATERS LAST			15. MOTHER'S MAIDEN NA/	WE	MIDDLE		RYAN	
	WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRES	S		
1	YES, NO OR UNKNOWN)	JIF YES, GIVE W	AR OR DATES)	223-58-0	357	WILLIAM B. DA	AVEY 1	434 H	ARD!	COURT	MCLEAN, V
	18 CAUSE OF DEAT PART I. DEATH W  199 Conditions, if ony gove rise to imm couse to	/AS CAUSED B IMMEDIATE C , which mediate ng the	DUE TO, OI		NKNOWI NCE OF	N PRIMARY				SETWEEN	IMATE INTERVAL ONSET AND DEATH
TION						NOT RELATED TO THE TERM	IN AL DISEASE				
CERTIFICATION	19a DATE OF OPERA	IION	196. CONDITION FOR WHICH OPERATION			N WAS PERFORMED	NO 🔀 .	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO			
	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)					21c. HOW INJURY OCCURE	RED (ENTERNATI	D (ENTER NATURE OF INJURY IN ITEM 18 PAR		8 PART I OR PART 2)	
MEDICAL	21d, INJURY OCCURRED  WHILE NOT WHILE AT WORK		21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)		211 LOCATION STREET	(ITY OR TOWN		COUNTY	STATE		
	22a. I certify that (I) sow the decease above, (I) (we) (a	ed alive on		19		nd that in (my) (our) apinion (		on the dot			that (I) (we) last couses stated
	22b. SIGNATUR					DEGREE			,	22c. DATE	SIGNED
	X	4/35	m	>		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICI		15 S	EPT 1981

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

should be detoched for use as the burial-transit permit. Then please rewith the State Dept. of Health and Mental Hygiene prior to burial, are marked or Item 18 shaws

IMPORTANT: If Item 21 is

injury, or other troumatic

23g BURIAL, CREMATION, REMOVAL BURIAL

23b. DATE Sept. 17,198

LEE, LT, MC, USN

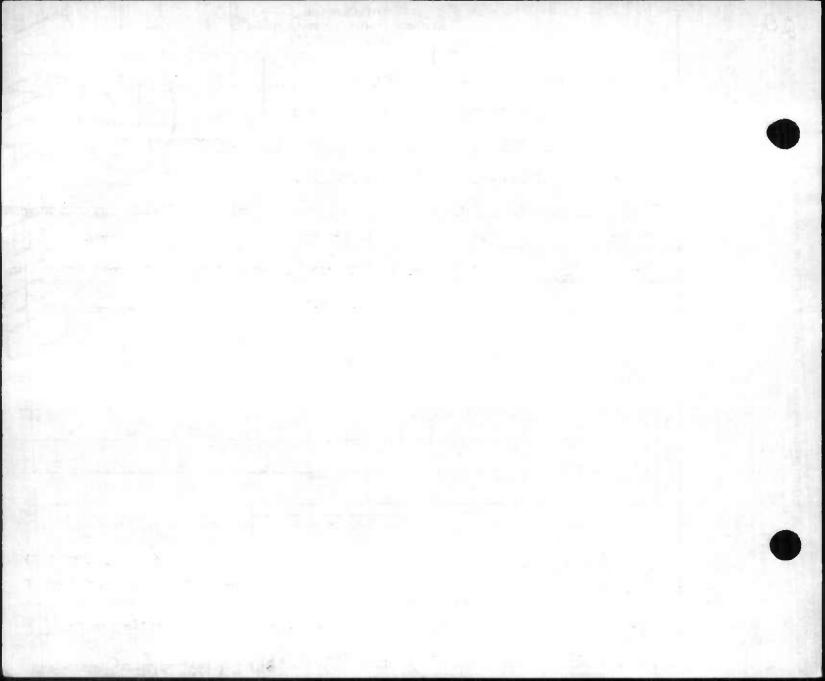
231 NAME OF CEMETERY OR CREMATORY

23d LOCATION

Arlington, Va.

NATIONAL NAVAL MEDICAL CENTER, BETHESDA MD

Arlington National | 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Muprhy Funeral H/me 4510 Wilson Blvd. Arlington, VA



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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR LIVPE OR PRINTS LUCILLE 3 SEX AGE (IN YEARS LAST BIRTHDAY) White BALTIMORE CITY OR COUNTY OF DEATH Montgomery 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR ATWOM Home make it 13. 10604 Glenhaven Drive 4. FATHER'S NAME IS MOTHER'S MAIDEN NAME Pearl Fisher John C. Hopper 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT Bennie H. Brown / Husband ?same as 13e (IF YES, GIVE WAR OR DATES) 577-03-9023 18 CAUSE OF DEATH (Enter only one couse per line for (a), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate underlying couse THE DATE OF OPERATION THE CONDITION FOR WHICH OPERAT 1th, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOU YES ST NO IT ZIE ACCIDENT WAS UNDERLYING. TIME OF INJURY THE HOW INJURY OCCURRED. I DOTE NATURE OF INJURY BY ISM TE PART I DEPART II 8 HOUR AM, MONTH DAY YEAR OF COMPRESSIVE CAUSE OF DEATH FIFEITHER NOTIFE HEDICAL EXAMPLE: THE INJURY OCCURRED TIE PLACE OF INJURY AT HOME CREET FACTORY, ORDER FARM STOLE CITY OF LOWIN COUNTY DAM NOT WHILE our opinion death accurred on the date and hour and from the ATTENDING

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

Hines / Rinaldi F.H.

Burial

Sept 23.81

Parklawn Cemetery

Montgomery

11800 New Hampshire Ave Silver Spring, Md

LIKE HELE D. . . SWANNA S. . . . . SHENNA DANCE CONTRACT TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL John J. Horres. Round Blanck of Marketon from a series of the series of the State o Car King are attack - 2 3 12 With the same of the latest the same of the same And the second s

### LLIE 3. SEX 4 RACE Black Female To BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF North Carolina U.S.A. completely filled in by the fu i I and 2 should be filed with 10 CITY OR TOWN OF DEATH 11. NAME OF POCKVILLE, (IF NOT IN SUC BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130, STATE 136 COUNTY Maryland 14 FATHER'S NAME MIDDLE John medical 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? Pages puo (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No physicia event, th attending physic removal 18 CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE (a)\_\_\_\_ other traumatic à death DUE TO: OF Conditions, if any, which (11) gove rise to immediate cause (a), stating DUE TO, OF by by underlying cause lost. taburial, cr (2) ö After this certificate has been signed e as the burial-transit permit. Then pled ā PART 2. OTHER SIGNIFICANT CONDITIONS CO injury. CERTIFICATION prior shaws any 190 DATE OF OPERATION 196. CONDI Thould be detached for use as the burial-transit per with the State Dept. of Health and Mental Hygiene PHYSICIAN, The ng physician 210. ACCIDENT WAS UNDERLYING 21b. TIME O or Item 18 HOUR A./ OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE C (AT HOME STR morked WHILE AT WORK NOT WHILE OR ATTENDING à 22a. I certify that (1) (this hospital) attended the FUNERAL DIRECTOR: uld be detached for us stained by the haspital MPORTANT: If Item 21 is saw the deceased alive an abave, (I) (we) (did) (did not view the bady 226. SIGNATUR O HOSPITAL 22d PHYSICIAN'S NAME

FIRST

FOR STATE REGISTRAR

(TYPE OR PRINT)

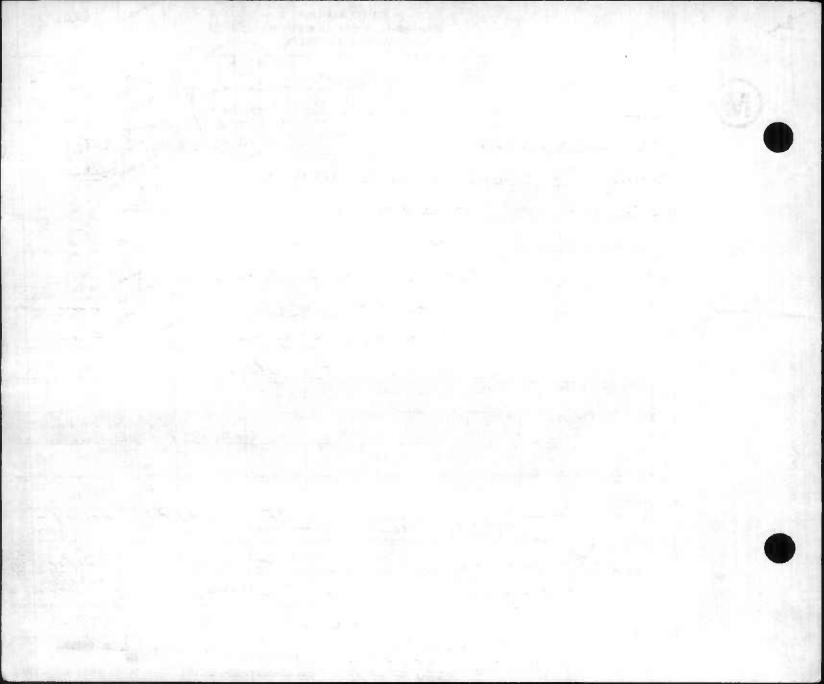
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	AST	2a. DATE OF DEATH MG	DAY DAY	YEAR	26 HOUR
	OWN	7	1001	81	A M
5. DATE C Sept.	22, DAY 1890 EAR	6 AGE (IN YEARS LAST BIRTHD	YRS IF U	HS DAYS	HOURS MIN,
WIDOWE		MONTG-OME	0	DEATH OUNTY	MD.
OSPITAL, NURSING HOME C HEACHITY, GIVE STREET ADDRESS) FROVE ADVENT.	11	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Housewife		26. KIND OF NOUSTRY Priv	ate
GIVE RESIDENCE BEFORE ADMISSION) 136. CITY OR TOWN Silver Spring	13d. INSIDE CITY LIMITS? YES 🖔 NO 🗌	902 Hoyt St	reet		
Hobson	Annie	ME	Hobse	on tast	
166. SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS			
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line for (a), (b), and	Failure			- Harriston	ATE HITERYAL HIGHT AND DEATH
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TION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY? 2	Ob. IF YES, WE N CERTIFYING YES	ERE FINDING CAUSES	GS USED DF DEATH?
INJURY A. MONTH DAY YEAR A. 19	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY I	NITEM IS PART I	OR PART 2)	
OF INJURY SET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN		COUNTY	STATE
deceased from	d that in (my) (por) opinian o	eath accurred an the date	and hour and		nat (I) (we) last auses stated
	DEGREE			22c DATE S	IGNED
1	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAL	NO	8/25	/11
A Line into	22e. ADDRESS	Parreston	09144	9256	refar
, 81 Lincoln	Memorial	Suitland,			
ngton, D.C. 2	0012 25e DATE	REC'D. BY REGISTING	HE CO	L-HISTORY.	iden

236. BURIAL, CREMATION, REMOVAL 236. DATE SEP. 26, 81 Lincoln Memor Lincoln Memor Washington, D.C. 20012

McGuire Funeral Service, 7400 Georgia Ave. NW

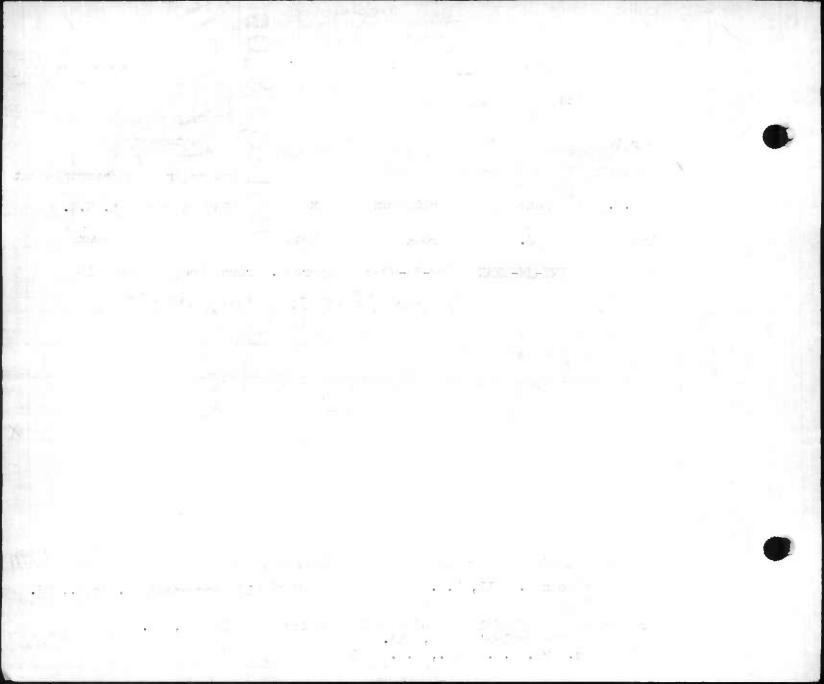
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STATE OF MARYLAND



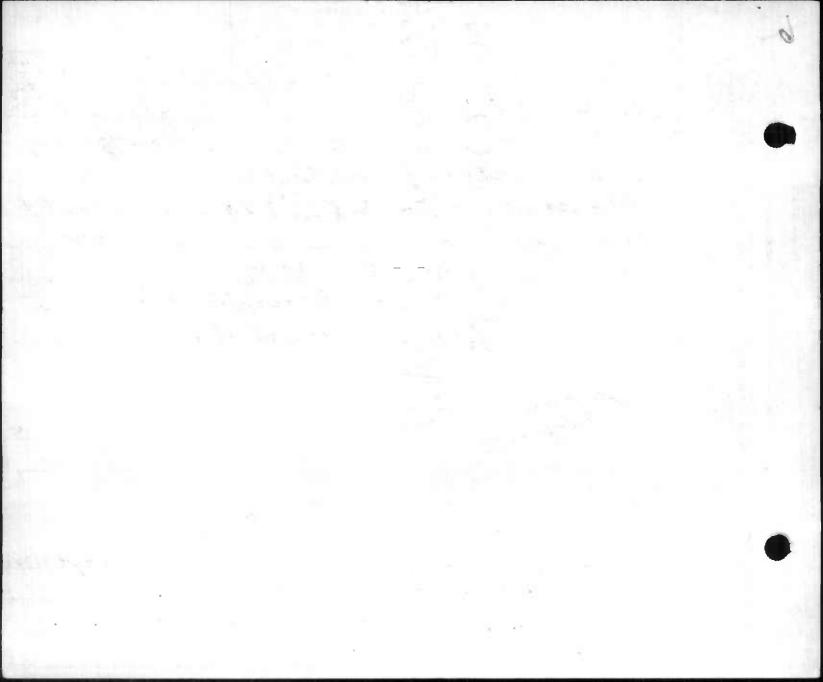
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{15	PECEASED NAME FIRST TRE	NE MAE	BRUCE		1981
3.5	£Χ	4 RACE	5. DATE OF BIRTH	6_AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR
	FEMALE	NEGRO	JULY 10, 1921	60 YRS.	WONTHS BAYS
70.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
2	Virginia	U,S.A.	WIDOWED DIVORCED	☐ MONTGOMERY COUN	
24	BETHESDA	THE CLINICAL	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	
		ON OTHER INSTITUTION GIVE RESIDENCE BEF		Housewife	l No
Sam.		ontg. 13c CITY OR TO		210 FREDERICK AV	VE (2
1	FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN	NAME	(A
1/	Sezar	Key	Zetti	ie	Pay
/ 160	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SE 213-38	(DAUGHTER	CALIBRIC TO THE OFFICE	
′ F	18 CAUSE OF DEATH (Enter	ranly ane cause per line for (a), (b),		GAINTES CATTHERSBUI	APPRO BETWEEN
	PART I. DEATH WAS CAU	JSED BY: MASSIVE	BILATERAL PULMONA	RY EMBOLI	
TIMER	Conditions, if any, which gave rise to immediate cause (a), stating the		N'S DISEASE		
EXAMINER	gave rise to immediate cause (a), stating the underlying cause last	(b) PARKTNSC  DUE TO, OR AS A CONSEC	IN'S DISEASE  DUENCE OF	EPAMINAL DISEASE OF CONDITION GIVE	EN IN PART 1
	gave rise to immediate cause (a), stating the underlying cause last	(b) PARKTNSC  DUE TO, OR AS A CONSECUTE  (c) CONTRIBUTING TO	N'S DISEASE  DUENCE OF  ODEATH BUT NOT RELATED TO THE T	erminal disease or condition givi	EN IN PART 1
	gave rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICAN	(b) PARKINSO DUE TO, OR AS A CONSECUTE OF CONDITIONS CONTRIBUTING TO SP CEREBRAL VAS	IN'S DISEASE  DUENCE OF	200 AUTOPSY? 20b. IF YES IN CERTIF	S, WERE FIND YING CAUSE
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CLEARED WITH MEDICAL MEDICAL	gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICAN HEMIPARESIS  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAM) 27a. I certify that (this had sow the decease a dive above, the weat and cause of the contribution of the contribution of the cause	DUE TO, OR AS A CONSECTION  TO DUE TO, OR AS A CONSECTION  TO CONDITIONS CONTRIBUTING TO  SPECIAL VAS  196 CONDITION FOR WHICH  P.M.  216 PLACE OF INJURY  (AT HOME STREET FACTORY, OFFICE  OSSPITO) attended the deceased from on SEPTEMBER 3. 19  TO 191 view the body of the death.	DUENCE OF  DUENCE OF  DEATH BUT NOT RELATED TO THE T  CULAR ACCIDENT 19  CH OPERATION WAS PERFORMED  DAY YEAR  19  211. LOCATION  STREET  AUGUST 12 19 8  AUGUST 12 19 8  DEGREE  ATTENDING PHYSICIAN  226 ADDRESS NAT.	200 AUTOPSY?  200 IF YES IN CERTIFY YEX NO TENTER NATURE OF INJURY IN HEM 18 P.  CITY OR TOWN  1 to SEPTEMBER 3.  G MEDICAL STAFF N DIRECTOR PHYSICIAN  IONAL INSTITUTES OF ENTER, BETHESDA, MEDICAL MEDICAL NOTITUTES OF ENTER, BETHESDA, MEDICAL NOTITUTES OF ENTERS.	S, WERE FINDI YING CAUSES S X 1 ART : OR PART 2) COUNTY

STATE OF MARYLAND

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ttending physicion and completely filled in by the full veronbanpapers. Pages 1 and 2 should be filed within

signed by the offending physicion

the burial-transit permit. Then please remove corban pope and Mental Hygiene prior to burial, cremotion, or removal.

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morked or Item 18 sh

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Γ.	REGISTRAR				CERTIF	ICATE O	F DEATH	REG	NO.		
	ECEASED NAME PE OR PRINT)	Harry		widdle larlton	BU	RNETT	Sr.	Septembe		1981	3:16A
3. SI	Male		4 RACE Caucas	ian	5. DATE (	H DA	1918 <sup>YEAR</sup>	6 AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
Nev	SIRTHPLACE (STATE COUNTRY)  V York	OR FOREIGN	76. CITIZEN OF USA	WHAT COUNTRY?	8 MARRIE WIDOWI	4.6	ER MARRIED   DIVORCED	9 BALTIMORE CITY Montgome	_	Y OF DEATH	WC
	Bethesda	DEATH	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET al Naval	ADDRESS)			120 USUAL OCCUP (TYPE OF WORK FOR MO) Metallu	STOF WORKING LI	FE) INDUSTRY	Bureau
13a	JAL RESIDENCE (IF) STATE (aryland ATHER'S NAME	13b. COUP	VIY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Chevy C	N	YES 🗶	E CITY LIMITS?	4507 Dal	S	Of Sta	ndards
	Harry	7	Charlt	on Burne	tt		edora	MIDDLE		Sassama	
	WAS DECEASED EV (YES, NO OR UNKNOWN)	(IF YES, GIV	MED FORCES? (E WAR OR DATES)	166 SOCIAL SECU 126 12 4		17 INFOR		Burnett S	DRESS		
b	Conditions, if a gove rise to couse (a), str underlying ca	immediate ating the	(b)	r as a conseque	NCE OF						
NO	PART 2 OTHER S	IGNIFICANT (	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELA	TED TO THE TERM	MINAL DISEASE OR CO	ONDITION GIV	VEN IN PART 110	
CERTIFICATION	190 DATE OF OPE	RATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PER	REORMED	200 AUTOPSY?  YES █ NO □	IN CERTIF	S, WERE FINDIN FYING CAUSES ES X	IGS USED OF DEATH? NO
MEDICAL CE	21a. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER NOTIFY N	CAUSE OF DEA	din -	M. MONTH DA	YEAR	21c HOW	INJURY OCCUR	RED (ENTER NATURE OF IT	NJURY IN ITEM 18 1	PART ( OR PART 2)	
MEDI	21d INJURY OCC		(AT HOME, STR	OF INJURY EET FACTORY, OFFICE, F	ARM, ETC.)	21f LOCA	TION	CITY OF	TOWN	COUNTY	STATE
	sow the dece abave, 1) (we		Sept.	e deceased from	81	nd that in/cr	/y) (our) opinian	, toSept . death occurred on the	date and hou	19 <u>81</u> , er and from the c	that (I)/(we) last causes stated
-	The SIGNATURE	7	1	anty	_ w	DEGREE	ATTENDING PHYSICIAN [	MEDICAL ST	TAFF SICIAN 🛣	Sept	. 24 198
	22d. PHYSICIAN'S	NAME (TYPE O	R PRINT)			22e ADDI	RESS				

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR After this certificate has been

should be detached for with the State Dept. of h MPORTANT: If Item 2

Joseph F. HACKER, III M.D. 230 BURIAL CREMATION, REMOVAL Burial 236 DATE

9/28/1981

National Naval Medical Center, Bethesda, Md. 23c. NAME OF CEMETERY OR CREMATORY

Arlington National Cem

Maryland

24 FUNERAL DIRECTOR

Jos. Gawler Sons Funeral Home Washington, D.C.

Arlington

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	IO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours ofter death. Page	retoined by the he
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TO FUNERAL DIRECTOR, after this certificate has been signed by the ottending physician and completely filled in by the furnal should be detached far use as the buriol-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remayal.

4 may be

	1.	FOR STATE	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 1 2	4 1 7 7
	1 DE	REGISTRAR CEASED NAME FIRST	MIDDLE	LAST	REG. NO.  20. DATE OF DEATH MONTH D	AY YEAR 26 HOUR
		E OR PRINT)				1000
1	3. SE	Rober	t Cathcart	Bush 5. DATE OF BIRTH	September 21,	1981 9:03 PM
(1		Male	Caucasian	May 12, 1906	75 YRS.	ONTHS DAYS HOURS MIN.
17		RTHPLACE (STATE OR FOREIGN COUNTRY)  W Jersey	7b. CITIZEN OF WHAT COUNTRY? United States	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY	
	10. €	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AL	HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Editor	126 KIND OF BUSINESS OR INDUSTRY News-
8			OTHER INSTITUTION, GIVE RESIDENCE BEFORE		Editor	Paper
35	130 S Ma	state 13b. COUNTY 15b. COUNTY		13d. INSIDE CITY LIMITS	6919 Clarendo	n Road #305
X Supple	14. FA	ATHER'S NAME FIRST  George Al	bert Bush	15_MOTHER'S MAIDEN Roberta	WIDDLE	Cathcart
medicol		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECUR (E WAR OR DATES) 135-10-5	Mrs. Floa	cence S. Bush. W:	ife,
rinjury, or other troumotic even	TION	Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause lost.  PART 2. OTHER SIGNIFICANT (	(b)	NCE OF	ERMINAL DISEASE OR CONDITION GIVE	
2	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH C	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY YES NOW YES	WERE FINDINGS USED YING CAUSES OF DEATH? NO  NO
9		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY	Y YEAR 19	CURRED (ENTER NATURE OF INJURY IN ITEM 18. PA	RT I OR PART 2}
rked or	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAI	RM ETC) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
: If Rem 21 is mo			tal) attended the deceased from	DEGREE ATTENDIN		9 8 1, that (1) (0e) lost and from the couses stated  22c. DATE SIGNED  9/22/9/1
MPORIAN I		22d. PHYSICIAN'S NAME (TYPE OF Ralph Hi:	mmelhoch, M.D.	220 ADDRESS 11510 01	d Georgetown Rd.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
_	Ci	BURIAL, CREMATION, REMOVAL (SPECIFY)  CEMATION  UNERAL DIRECTOR  NAME  ROBE	2001	AME OF CEMETERY OF CREMATO  tropolitan Cre  Funeral	PY 73d LOCATION CITYORTOWN  ematory, Alexand  DATE REC'D. BY REGISTRAR 25b. REGISTR	a one
	1	Homes, P.A.	Bethesda, Mar		SEP 24 1981 Grane	as can lather

Robert A. Pumphærey Funeral A., Bethesda, Maryland

DHMH-16 30M 2/80 (VRA 15, 4)

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FOR - STATE

REGISTRAR

SAMOLS DURBIN ROAD BETHESDA, MARYLAND lymphoma diffuse, well differentiated PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2) COUNTY STATE SCPT. 10 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Sept. 10,1981 8630 FENTON ST. SILVER SPRINC, MD. 20910 STATE 13, King David Mem. Gar. BURIAL Sept. Falls Church VA. 24 FUNERAL DIRECTOR
NAME DANZANSKY-GOL
MEMORIAL CHAP DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

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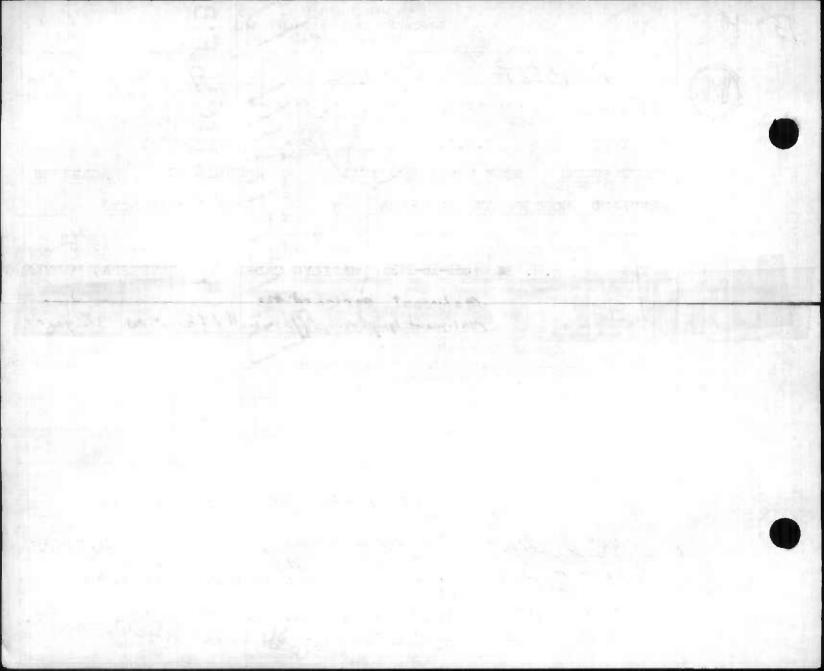
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INDUSTRY



		FOR STATE REGISTRAR		ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	41/
		JOHN	John W. W.	ALL,	Callahan GHAN	20 DATE OF DEATH MONTH  G  AGE (IN YEARS LAST BIRTHDAY)	13-81 90
. 81		Male	White	Mar	ch 13 1913	68 yrs	MONTHS DAYS HOURS
169	·	RTHPLACE (STATE OR FOREIGN COUNTRY)  New York	U.S.A.	WIDOWE	D DIVORCED	9 BALTIMORECITY OR COUNTY Ontgomer	
70	1	3ETHSDA	11. NAME OF HOSPITAL, NU	JREET ADDRESS)	JOSP-TAL	12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIF  Production Dept	
Should be	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE Md. Ont	NTY 13c CITY OR T	TOWN	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 9310 Elmhirst 1	Drive
ond 7 s	14. FA	THER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NA FIRST  Grace	MIDDLE	Howe
roges		VAS DECEASED EVER IN U.S. AR LES NO OR UNKNOWN) (IF YES GIN	VE WAR OR DATES)	10-2417	17. INFORMANT  Ellen Ann	ADDRESS Darı Callahan 12600 Wa	ar Admiral V
bonpopers. removal. c event, the		PART I. DEATH WAS CAUSE	nly one cause per line far (a), (b ED BY: TE CAUSE (a)	2019C	Aeythmio		APPROXIMATE INTERPRETATION OF THE PROTECTION OF
motion, or r r troumotic		Conditions, il ony, which	DUE TO, OR AS A CONSE	e ta Sta	tic Disea	se	6 week
lease reminal, cremo		gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSE	outence of althoreal	Spano hast	90 cy + 90 ma	4mos.
Then p	NOI	PART 2 OTHER SIGNIFICANT		1111		IN AL DISEASE OR CONDITION GIV	EN IN PART 110
iene prior	CERTIFICATION	190 DATE OF OPERATION	CYPLORATORY SU	Meny for	Retao-PREPLECUS	200 AUTOPSY? 206. IF YES	, WERE FINDINGS USED YING CAUSES OF DEATI
. 0 0	4 100				- + 1000 - 11 154 & CYT	PONTES NO NO YE	Martin Control
Hygie 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH		216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18. P	S NO
burial-transit I Mentol Hygie or Item 18 sha	MEDICAL CE	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	211 LOCATION STREET		S NO
burial-transit Mental Hygie or Item 18 sha		OR CONTRIBUTING CAUSE OF DE- LIFETHER NOTIFY MEDICAL EXAMINED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (this hosping the deceosed olive on the deceosed olive	ATH P.M.  21e PLACE OF INJURY (AT HOME, STREET FACTORY OFF	DAY YEAR 19 FICE, FARM ETC.)	211 LOCATION STREET	RED. (ENTER NATURE OF INJURY IN ITEM 18. P	COUNTY 51
tacked for use as the burial-transit e Dept of Health and Mental Hygie if them 21 is marked or them 18 sha	MEDICAL	OR CONTRIBUTING CAUSE OF DE- LIFETHER NOTIFY MEDICAL EXAMINED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (this hosping the deceosed olive on the deceosed olive	ATH P.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME, STREET FACTORY OFF	DAY YEAR 19 FICE, FARM ETC) am J 41	211. LOCATION STREET  211 to the time (my) (our) opinion DEGREE	CITY OR TOWN  to SERVICE And the date and hou MEDICAL STAFF	COUNTY 51
e detached for use as the burial-transit State Dept of Health and Mental Hygies NNT. If them 21 is marked or them 18 sha	MEDICAL	OR CONTRIBUTING CAUSE OF DE-  (IF EITHER, NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHITE NOT WHITE AT WORK  220.1 certify that (1) (this hosp sow the deceosed olive on obove, (1) (we) (did) (did not 22b. SIGNATURE)  22d. PHYSICIAN'S NAME (TYPE OF DECENTING THE CONTRIBUTION OF THE CONTRIBUT	ATH R)  P.M.  21e PLACE OF INJURY (AT HOME, STREET FACTORY OFF  (ital) attended the deceased from the property off  APP 13  at view the body after death.	DAY YEAR 19 FICE, FARM ETC) am J 41	211 LOCATION STREET  211 LOCATION STREET  d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN P	CITY OR TOWN  CITY OR TOWN  L. to SEPTEMBER 18. P  CITY OR TOWN  MEDICAL STAFF  DIRECTOR PHYSICIAN	COUNTY 51  19 , that (h) (w) r and from the causes star  27c, DATE SIGNED  9-/3-9
hed for use as the burial-transit ept. of Health and Mental Hygie Item 21 is morked or Item 18 sha	WEDICAL WEDICAL	OR CONTRIBUTING CAUSE OF DE.  (IF EITHER NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE AT WORK NOT WHILE AT WORK  22o.1 certify that (1) (this hosp sow the deceosed olive on above, (1) (we) (did) (did no  22b. SIGNATURE	HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME, STREET FACTORY OFF  ital) attended the deceased from the property of the p	DAY YEAR 19 FICE, FARM EIC)  OM 19 81, om 1	211 LOCATION STREET  211 LOCATION STREET  d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN P	CITY OR TOWN  to SERVICE And the date and hou MEDICAL STAFF	COUNTY 51  19 1, that (h (w r and from the causes state

8) LICE OF House William 1979 To merion Dags. Penh. Pens tit. "ont. debingda | STE | State | Sterilar n ..... in Ir a language and W-10-127 Blen Am onliken 1 100 lin sintel ler uris of the contract of the co re ao le fed a le a

35	1	FOR - STATE REGISTRAR	- DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL H CATE OF DEATH	PYGIENE 8 REG. NO.	4 1 8 0
pege 3 death	1.56	CEASED NAME THIS	MIDDLE 3.	CA 5 DATE O MONTH	B	20. DATE OF DEATH MONTH  SEPTEMBER  6. AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 2b HOUR  16 1981 5-4  IF UNDER I YEAR IF UNDER 24 HRS MONTH'S DAYS HOURS MIN.
(MAN)		RTHPLACE ESTATEONION	W	7	7 90	9/ YRS.	
	R	455; A	76 CITIZEN OF WHAT COUN	MARRIED	NEVER MARRIED	MONTES THE PARTY OF COUNTY	/ N
1 1 68	Si	IVER SPLING	I NAME OF HOSPITAL, NO (IF NOT IN SUCH FACILITY, GIVE HOLY Cro	STREET ADDRESS		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Wood Turner)	
Willed in Palace September 24 house in Palace	F	ALRESIDENCE IS MARIA HOS STATE  LOTIDA  D  ATHERS NAME	100.011.01		13d INSIDE CITY LIMITS	713 Collins	Avenue
1033		Reuven	(unk	nown)	15. MOTHER'S MAIDEN :  Mattel	MIDDLE	(unknown)
Proget Post		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (15 YES, O	GIVE WAR OR DATES)	SECURITY NO. 1-4500	Gladys Lip	ADDRESS ton; 1120 W. Nolc	rest Dr SSpg
rey that the death centric, prost by the attending phy in please remove carboning busing a cemanical or semi-		Conditions, if any, which gave rise to immediate cause (a), shahing the underlying curve bast.  PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS (c)	SEQUENCE OF		PRICATE  RMINAL DISEASE OR CONDITION G	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  3 Ly S  y car S  IVEN IN PART 1/a
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otherdio otherdio to the books and Med or I	MEDICAL	THE BYJURY OCCURRED  WHATE D HOT WHATE D  AT WORLD AT WORLD	21e PLACE OF INJURY (AT HOME STREET FACTORY, O	FFICE FARM ETC )	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
the hospital or to DRECTOR A second for use of health in the DRECTOR A second for use of health in them 21 is the		22a.1 certify that (1) (this box	pitals attended the deceased for Son Land Land Land Land Land Land Land Lan	19 <u>81</u> , an			, in the little of the little
TO HOSPITAL entrined by the TO FUNERAL thould be deto with the State WAPORTANT II		14	BEIGER, M.D.		220 ADDRESS 883 SWER	SPRING. MR. 2	0910
BP	23a	BURIAL, CREMATION, REMOVA (SPECIFY)  Burial	236 DATE 9-17-81		METERY OR CREMATOR	city or town  cem. Pinelawn,	L.I., N.Y.
IMH - 16 50M 1/81 (VRA 15, 4)		UNERAL DIRECTOR	erg Chapels; 1	Rockvi	lle, Md. 250 E	SEP 1 8 1981 Chan	cas San Father

which was such tall the second of the property of the property

	FOR 1 - STATE	DEPARTMENT C	TATE OF MARYLAND OF HEALTH AND MENTAL HYG	GIENE 8 1 2	4   3
1	REGISTRAR	CER	TIFICATE OF DEATH	REG. NO.	
	I. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1	CARCILEOI DO	RIS	CARCHED1	9	14 81 10:40Pm
1		RACE S. DA	TE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	TEHALE	CAUCASTAN AU	IG 31. 1930	51 YRS	MONTHS DAYS HOURS MIN.
	76. BIRTHPLACE (STATE OF FOREIGN 76	CITIZEN OF WHAT COUNTRY?	1/1/	9 BALTIMORE CITY OR COUN	
7	COUNTRY)		RRIED NEVER MARRIED	MONTGOMER	
4	WASHINGTON, DC	NAME OF HOSPITAL NURSING HON		12a USUAL OCCUPATION	126. KIND OF BUSINESS OR
d		(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS	)	(TYPE OF WORK FOR MOST OF WORKING	
4	GATTHERSBURG USUAL RESIDENCE (IF NURSING HOME OR OT	10008-303 STEDWI		HOMEMAKER	
2	130 STATE 136 COUNTY MARYLAND MONTGO	13t. CITY OR TOWN	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 10008-303 STE	DWICK
	14 FATHER'S NAME FIRST MID	DOLE LAST	15. MOTHER'S MAIDEN NA	ME	LAST
	BERNARD	A. CARUSO	MARY		LLAGHER
7	160. WAS DECEASED EVER IN U.S. ARME		O 17 INFORMANT	ADDRESS	
	(YES, NO OR UNKNOWN) (IF YES, GIVE WA	577-48-7774	ALBERT G.	CARCHEDI SAME	
	BARTI DE ATHINIAS CAUSERS	DUE TO, OR AS A CONSEQUENCE O	FR , WITH PLEU	86	RETWEEN ONSET AND DEATH  RETWEEN ONSET AND DEATH  REFARCT CA 2 years  REFURAL METS - 3 Mem
		NDITIONS CONTRIBUTING TO DEATH			SIVEN IN PART 1101
1	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERA	TION WAS PERFORMED	INCER	TIFYING CAUSES OF DEATH? YES NO
	OR CONTRACTOR CANCE OF OF ATTA		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM )	8, PART 1 OR PART 2)
	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTHY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220 I certify that (I) (this haspital saw the deceased alive on above/(I)/we) (did) (did not) w	ottended the deceased from MG	7	death occurred on the date and h	our and from the couses stated
	226 SIGNATURE		DEGREE		22c. DATE SIGNED
	Well Hidi	'al		MEDICAL STAFF DIRECTOR PHYSICIAN	9/15/81
	OP hungh 13	6 old be ra	1106 Sprin	9 St, S. Iver Spi	ing Muryland

METROPOLITAN CREMATORY

DHMH-16 25M (VRA 15, 4) 1/79 230. BURIAL, CREMATION, REMOVAL (SPECIFY) CREMATION

After this certificate has been

TO FUNERAL DIRECTOR:

BP

should be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene prior IMPORTANT: If Item 21 is marked or Item 18 shows an

FRANCIS J. COLLINS
500 UNIV. BLVD. W. SILVER SPRING. MD. 20901

236. DATE 9/15/81

SFP 18 1001

VIRGINIA

23d LOCATION
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ALEXANDRIA

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injury, ar other troumatic event, the medical exo

STATE OF MARYLAND

2	Lig	4	O	6-

1	- STATE REGISTRAR			DEPARTI		ICATE OF DEATH		REG. NO	).		
	ECEASED NAME	FIRST		MIDDLE	1	AST			MONTH	DAY YEAR	2b. HOUR
(TY	PE OR PRINT)	ANNA		SOPHIA		CARLSON		Septembe	r 28	, 1981	455 pm
3. S	EX	4	RACE	casian	5. DATE C		- 1	AGE (IN YEARS LAST BIRT	HDAY}	IF UNDER I YEAR	IF UNDER 24 HRS
	Fe	male	Cat	Castan	May	15,1892	AR .	89	YRS	MONTHS DAYS	HOURS MIN.
7a. l	BIRTHPLACE (STATE	OR FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	D 🗆 5	BALTIMORE CITY O	COUNT	Y OF DEATH	
	SWEDAN		0	SA	WIDOWE			MONTE	OHE	DRY CO	unty, ME
10. 0	CITY OR TOWN OF	DEATH 1		HOSPITAL, NURSIN		OR OTHER INSTITUTION		120 USUAL OCCUPATION	N	12b. KIND O	F BUSINESS OR
6	AITHERSE	suro	WILSON	) HEAL	TH CA	RE CENTE		HOOSEWIA		40	me.
13a.	JAL RESIDENCE (IF)	136 COUNT		13t. CITY OR TOW	'N	13d. INSIDE CITY LIMI		915 Clop	er	Rd.	
14. F	ATHER'S NAME		DDLE	LAST		15 MOTHER'S MAIDE	EN NAMI	E MIDDLE			
	NICHO		oott	AUDER	(0, )	HAT	-11			NICH	
160	WAS DECEASED EV		ED FORCES?	166 SOCIAL SECU		17 INFORMANT	16-6	ADDRE	55	70141	00362
	(YES, NO OR UNKNOWN	(IF YES, GIVE	WAR OR DATES)	125.10.	6696	Eleanor	. V.	Jeffers	son	Same	as 13
		ATH (Enter only H WAS CAUSED IMMEDIATE	BY:	line fair (a), (b), og	H (c)	oronar	8	Insuffer	wul	BETWEEN	MATE INTERVAL ONSET AND DEATH
	Conditions, if	ony, which		AS A CONSEQUE	35 U	resolit	Jeur	et Bisec	se '	10	48
	gave rise to cause (a), st underlying, ca	oting the	DUE TO, OI	r as a conseque	ENCE OF						
TION	Here	al fill	sella	112	- C	ORGENTUR	1 The	av Tul	I ON GI	VEN IN PAST 110	H.
CERTIFICATION	190. DATE OF OPE		196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY? YES □ NO 🔀 🗴	IN CERTI	S, WERE FINDIN FYING CAUSES ES	OF DEATH?
	21a. ACCIDENT WAS OR CONTRIBUTING ( (IF EITHER, NOTIFY A	CAUSE OF DEATH	HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY O	CCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18	PART T OR PART 2)	
MEDICAL		T WHILE WORK	21e. PLACE (	OF INJURY EET FACTORY, OFFICE F	ARM, ETC )	216 LOCATION STREET		2/20	1/01	COUNTY	STATE
	obove/(I) (y/	(1) (this hospital eased alive on e) (drd) (did ha	7/14	offer death	-		oinion de	oth occurred on the do	101 te ond ha		that (I) (we) last couses stated
	22b. SIGNATURE	el-	Atr	ugeo,	ru	ATTENDIF PHYSICIA	ING	MEDICAL STAF	F AN []	9/2	SIGNED/

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the shauld be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal. IMPORTANT: If them 21 is marked or Item 18 shows any retained by the hospital or att TO HOSPITAL OR ATTENDING

DHMH - 16 50M 1/B1 (VRA 15, 4)

BURIAL, CREMATION, REMOVAL ISPECTE mation 29,1981 24 FUNERAL DIRECTOR

Metropolitan Crema

23d LOCATION
CITY OR TOWN
COTY Alexandria, Virginia

OR ROBERT A. PUMPHREY F P.A., BETHESDA, MARYLAND FUNERAL

23b. DATE Sept.

THE PROPERTY OF THE PROPERTY O ALLE THE STATE OF The second county late of the colors of the color of the colors of the c 

The Fact School Parties and the second of the control of the contro 

FOR

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CERTIFIC	ATE OF DEATH	REG. N	0.	
DECEASED NAME FIRST	MIDDLE	Carr	ington		9 14 8	7
3. SEX Male	4 RACE Black	S DATE OF MONTH August	DAY YEAR	6. AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS DAYS HOURS MIN
BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Virginia, P.C.	A CITIZEN OF WHAT COU		NEVER MARRIED	Montgome	R COUNTY OF DEAT	H MD.
Bethesda	11. NAME OF HOSPITAL, P		other institution	120 USUAL OCCUPAT	ON 12b. KI	nd of Business or STRY Intenance
JSUAL RESIDENCE   IF HURSING HOME   130 STATE   136 CO	UNTY 136 CITY O	ington, DIC			St., S.W.	1/2/
4. FATHER'S NAME FIRST William		ington	MOTHER'S MAIDENNA FIRST Sadie	ME- MIDDLE	Man	rtin
68. WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN)   11F YES, O	ARMED FORCES? 166 SOCIA	L SECURITY NO. 1	erry Lucas	ADDRE	ss Rå SE We	ash D.C.
	DUE TO, OR AS A CON		OT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN IN PAI	RT 1(o)
190 DATE OF OPERATION 216, ACCIDENT WAS UNDERLYING	196 CONDITION FOR	WHICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FI IN CERTIFYING CAI YES	INDINGS USED USES OF DEATH? NO
OR CONTRACTOR CAUSE OF	DEATH HOUR A.M. MONT	H DAY YEAR	TIC HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PAI	RT 2)
JIF EITHER, NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,		II LOCATION STREET	CITY OR TO	WN COUNT	Y STATE
	spitol) offended the deceased on 9-1/1 not view the body offer death	_19, and	that in (our) opinion  GREE  ATTENDING PHYSICIAN [	death occurred on the d	FF	n the causes stated  DATE SIGNED  Polythia 8/
220 PHYSICIAN'S NAME ITYPE	tolila Mi		5480 Wis	'टिग्रज'य A	of Chery	Chase Mg
23g. Burial, Cremation, Remov (SPECIFY)  Burial	Sept/19/81		AETERY OR CREMATORY  Memorial Parl			state Mary Land
4 FUNERAL DIRECTOR	ADD	RESS	1964	E REC'D BY GEGISTRAR	7 LAND WAR WEST	CHARGE CO.

Washington, D.C.

DHMH-16 25M (VRA 15, 4) 1/79

Chambers Funeral Home

TO FUNERAL OIRECTOR: After this certificate has been signed by is should be detached for use as the burial-transit permit. Then please me with the State Oept. of Health and Mental Hygiene prior to burial, co

IMPORTANT: If Item 21 is marked or Item 18 sh

True Land 64 WHITE DE WEEK X PERMEDY Bethodo Health Corps Tombre Mark Mark Company of the Company of 

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executed within 24 hours ofter

requires that the death certificate be

CO HOSPITAL OR ATTENDING PHYSICIAN: The low elained by the hospital or attending physician.

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EPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE O
CE	RTI	FICATE	OF	DEATH	

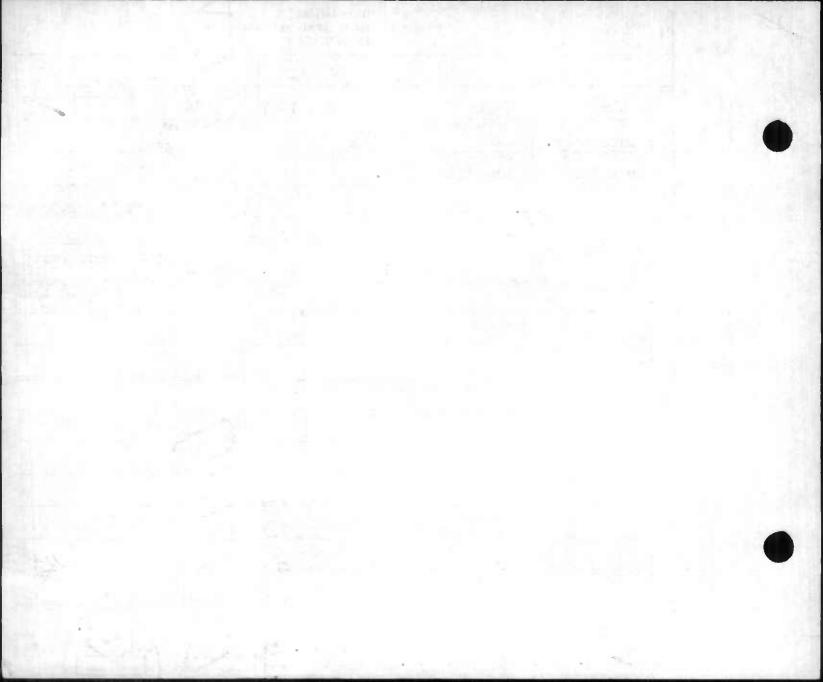
die	0-8	3	()	100

	REGISTRAR				CERTIF	ICATE OF DEATH	H	REG	NO.		
	CEASED NAME	FIRST		MIDDLE	/	AST		2a. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
3. SE		FFIE	RACE	obert	A	CARTE	-	165	9	IF UNDER LYEAR	R IF UNDER 2, HRS
	Female		Negro	0	Jul	P. D. III		AGE (IN YEARS LAST	YRS	MONTHS DAYS	
Po	SIRTHPLACE (STATEORF COUNTRY) Ottstown	Pa.	USA	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIE		Montgon	Y OR COUN		^
T:	akoma Par	k	Adve	ntist Ho	Sp.	OR OTHER INSTITUTIO		20 USUAL OCCUP (TYPE OF WORK FOR MO NONE			of Business C
130. S	AL RESIDENCE (IF NURS STATE Md	136 COUNT	Υ	Silver Silver		0 10			t Wes	st High	ıway
1	Albert	M	DODLE	McCraj	7		Jane	WIDDI		Book	
	WAS DECEASED EVER (YES NO OR UNKNOWN)		ED FORCES? WAR OR DATES)	578 16	0158	Corinne	D.	Sheppar	oress122	20 East ghway	West
	18 CAUSE OF DEATH	H Enter only	ane cause per	lighter (a), (b), an	dicil					APPRO BETWEEN	XIMATE INTERVAL
CERTIFICATION	PART 2 OTHER SIGN  190 DATE OF OPERAT	lost.	DNDITIONS <u>Co</u>		DEATH BUT	NOT RELATED TO TH	HE TERMIN	ZOO AUTOPSY?	20h IF Y	ES, WERE FIND TIFYING CAUSE YES	INGS USED
MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC 21d. IN JURY OCCURR 372.1 certify that II	CAUSE OF DEATH (ALEXAMINER) (RED	P. 21e PLACE (AT HOME STR	M, MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	19	211. LOCATION STREET	OCCURRE		NJURY IN ITEM IS	COUNTY	STATE, then (II (we) le
	276. SIGNATURE	hidi selid selt	14	open death.	/	DEGREE  ATTEND PHYSIC	DING _		TAFF		E SIGNED
	22d. PHYSICIAN'S NA	Lae	1 leit	wish		22e ADDRESS /// 2	ex	w faro	shire.	Ave,	
	BURIAL, CREMATION, (SPECIFY) BURIAL	REMOVAL	9/23/			emetery or crema  Memoral	TORY	Suitla		Md	
	UNERAL DIRECTOR	Magr	uder 2	2311 M.L	Wa:	sh, D.C.	SE SE	2 4 1981	AR 256 DEGIS	STRA SIGNA	mice

DHMH - 16 50M 1/81 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician god camplitury fulled in the fune should be detached for use as the burial-transit permit. Then please remove carbonopapers. Fuger 1 and 2 should be fulled with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.



the attending physician and campletely filled in by the funeral director, page 3 remove carbonpopers. Pages 1 and 2 should be filled within 72 hours ofter death

MPORTANT: If Hem 21 is morked or Hem 18 shows any injury, or other troumotic event, the medical examines must be potified at once.

should be detached for use as the burial-transit permit. Then please remove corban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal After this certificate has been

OR ATTENDING PHYSICIAN: The low

FOR

STATE OF MARYLAND

2

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIFIC	CATE OF	DEATH	REG.	NO.				
DECEASED NAME	FIRST		MIDDLE	LAS	T		20. DATE OF DEATH	MONTH	DAY	YEAR	2b HOL	
(TITE OK PRINT)	JOHN	NIE	THOMAS	CAR	TER		SEPTEMBE	ER 18	, 19	81	1:5	50PM
3. SEX		4 RACE		5 DATE OF	BIRTH		6 AGE (IN YEARS LAST B	RTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
Male		B:	lack	02	15	18 YEAR	63	YRS	MONTHS	DAYS	HOURS	MIN
OUNTRY)	DR FOREIGN		OF WHAT COUNTRY?	8 MARRIED	☐ NEVER	MARRIED 3	9 BALTIMORE CITY				750	
11			3.11.	WIDOWED		DIVORCED	Montgor	nery	Cour	nty		MD.
Olney	DEATH	(IF NOT I	OF HOSPITAL, NURSIN	ADORESS)		nital	12a USUAL OCCUPA (TYPE OF WORK FOR MOS	OF WORKING	LIFE) IND	KIND O USTRY	F BUSIN	ESS OR

			OUIII	14 7 77	THOMAS	UAI	I TITL		DELIBRIDER.	10, 1	901		M
-	3. SE)	(		4 RACE		5 DATE C			6 AGE (IN YEARS LAST BIRTHDAY)		ERIYEAR	IF UNDER	
		Male	201	Bla		02	15	18 PEAR		YRS.		HOURS	MIN
		RTHPLACE (STATE OR FO			WHAT COUNTRY?	8 MARRIE	D NEVE	NEVER MARRIED 3 9 BALTIMORE CITY OR COUNT			EATH		
3/		MD.		U.S.		WIDOWE	D 🗌	DIVORCED	Montgomer	y Cou	nty		MD.
0	10 C1	TY OR TOWN OF DEA	JH		OSPITAL, NURSIN		OR OTHER IN	ISTITUTION	120 USUAL OCCUPATION		KIND C	OF BUSIN	ESS OR
07		Olney		Montg	omery G	enera	l Hos	pital	Laundry Work				
-		AL RESIDENCE (IF NURS	136 COUR		GIVE RESIDENCE BEFORE		13d INSIDE	CITY LIMITS?	13e STREET ADDRESS				
结	9	ryland		tgomery	Olney		YES 🗌	NO 🗌	P.0. Box e74	gia A	ven	ue	
-	14. FA	THER'S NAME		MIDDLE	LAST		15 MOTHE	R'S MAIDEN NA	WE		LAS	s.T	
26		Thomas	Car		LAGI				nie Chase			,,	
I		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFOR	MANT	ADDRESS	v 7/1			
	()	Yes	WW	II	214-18-8	3543	Lilli	e Walker	r (sister) Bi	ney,	Md.	208	
		18 CAUSE OF DEATH Enter only one couse per line for to , (b), and coupe PART I, DEATH WAS CAUSED BY										ONSET AND	RVAL O DEATH
	PARTI DEATH WAS CAUSE OF VENTRICULAR TACHYCARDIA										HOURS		
	100	4292 DUE TO, OR AS MUNICIPOE TO 405									1		_
		Conditions, if ony,	which	( (b)	CAMIC	41	-eul	1-12			YE	THE	5
	gove rise to immediate couse 101, stating the underlying couse lost.  DUE TO, OR A DESERVENCE OF COUNTY CARDINO SCOUTT CARDINO								lio Vascular	Dis	Y	EAR	1
		PART 2 OTHER SIGN	NIFICANT	CONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELAT	ED TO THE TERM	IN AL DISEASE OR CONDITIC	N GIVEN IN	PART 10	0	
31	NOI	CHRON	1	PSSTRUC	TIVE LW	NG	DIS;	CIPP	Hoses of r		-i V	=P	
9	CERTIFICATION	190 DATE OF OPERA	ION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PER	FORMED		. IF YES, WER CERTIFYING YES [			TH?
9		210. ACCIDENT WAS UNE OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	AUSE OF DE	110	M. MONTH DA	AY YEAR	21c HOW	INJURY OCCURE	RED (ENTER NATURE OF INJURY IN IT	EM 18, PART 1 O	R PART 2)		
	MEDICAL	21d. INJURY OCCURE WHILE NOT WI AT WORK AT WO	HILE []	21e PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCA STRE		CITY OR TOWN	co	YINU	S	STATE
		220.1 certify that (1) sow the decease above, (1) (we) (c	ed olive or	SEPT.	18 198	SEP L, or	nd that in (m	y) (our) opinion	deoth occurred on the date of	nd hour and		that (I) (couses st	, ,
		22b. SIGNATURE	Zen	4.7	opez		MD	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		9/1	SIGNED	81
1		22d. PHYSICIAN'S NA	AME (TYPE C	R PRINT)	0		22e ADDR	ESS		To all			

230 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE 9-23-81 Mt Zion Cemetery Burial

73d LOCATION
CITY OR TOWN
Mt. Zion, Montg. Maryland
EC'D. BY, RECHET RANGE OF THE PROPERTY OF PATE REC'D, BY RECISTRA

24 FUNERAL DIRECTOR
George R. Snowden

246 N. Washington Street Rockville, Md. 20850

DHMH - 16 60M 1/75 (VR A 15 (4)1

TO FUNERAL DIRECTOR TO HOSPITAL OR ATTEN

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH 12 OSAM 28 81 TYPE OR PRINT Lena Caruana 4 RACE 3 SEX 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) MONTH White Female August L BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Montgomery Italy U.S.A. WIDOWED Morrtgomery & Gen #55) Hospital 18 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 126 ENDE CUSINESS OR Olney Shoe Manufacturer Johnson Corp. ISUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e. STREET ADDRESS Maryland Montgomery Gaithersburg 10 Landsend Drive 15 MOTHER'S MAIDEN NAME 4 FATHERS NAME Salvadore Cumbo Eleanor Unknown 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT 10 Landsend Drive. I LIE YES GIVE WAR OR DATEST Gaithersburg Md 208 Josephine Caruana 18. CAUSE OF DEATH (Enter only one couse per line f PART I. DEATH WAS CAUSED BY Conditions, if any, which gove rise to immediate couse (o), stating underlying couse MINAL DISEASE OR CONDITION GIVEN IN PART 1/0 CERTIFICATION THE ACCIDENT WAS UNDERLYING ! 716 TIME OF INJURY THE HOW INJURY OCCURRED. I ENTERNATURE OF BUILDY INVITED IS PART I OR PART IS HOUR AM, MONTH DAY YEAR HASO TO SELECT OFFICE BO MEDICAL WEITHER, HOTPY WEDICAL EXAMINER THE PLACE OF INJURY 21 LOCATION COUNTY STATE IAT HOME SPEET FACTORY OFFICE TARK STC.) AT WORK opinion death occurred on the date and hour and from the DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL (SPECIFY) 23c. NAME OF CEMETERY OR CREMATORY

Holy Sepulcher Cem.

316 .. Diamond Ave.,

Gaithersburg Md. 20877

Rochester.

SEP3 0 1981

New York

10/1/181

01
DHMH - 16 60M 1/75
(VD & 16 (4))

MPORTANT: IF should be deto with the State I

Burial

Rosabell Sandison)

Garther Sandison F. H.

ATT/ - TE TO THE PERSON OF THE THE TENED OF A THE PARTY OF THE TOTAL COLUMN CONTROL MATERIAL MATERIAL CONTROL OF THE STREET BEEN BY THE STATE OF THE STATE CELENTER WE PARTO BUNKERS CHANGE OF THE COLUMN THE PARTY OF THE PARTY

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

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1	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HY	GIENO REG. N	<i>a</i> •1	
	DECEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH		YEAR 26 HOUR
(1)	(PE OR PRINT)	LYN	NORMA	CH	IASE	SEPTEMBE	R 15,	1981 10 40 M
3 5	SEX	4 RACE		S. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UN	DER TYEAR IF UNDER 24 HRS
	Female	Black	_	Apri	1 36 1918	63	YRS	S DAYS HOURS MIN
7a	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF	EATH
	Md.	1 1);	5. A.	WIDOWE	_	Montgome	ry	MD.
10	CITY OR TOWN OF DEATH	THE NOT IN SU	CHEACILITY GIVE STREET	ADDRESSI	OR OTHER INSTITUTION	12a USUAL OCCUPAT		KIND OF BUSINESS OR
	Olney	Montg	omery Ge	enera	1 Hospital	Domestic	To an	Home
130	STATE Md. Ho		136 CITY OR TOW		13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	Pisy Re	
1	FATHER'S NAME	MIDDLE	MUERS	5	15 MOTHER'S MAIDEN NA	MIDDLE	There	ton
160	WAS DECEASED EVER IN U.S. A (YES, NO ORUNKNOWN) (IF YES, G	RMED FORCES?	21930 8	1142	Robert S	mith W	oodbine	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUS  IMMEDI  500  Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, C	Alisselte Draga CONSEQUI Draga CONSEQUI Draga	eliza	arteries mellitus	elevans,		7 days
NOIL	PART 2 OTHER SIGNIFICANT				NOT RELATED TO THE TERM	VINAL DISEASE OR CON		RE FINDINGS USED
CERTIFICATION	196 DATE OF OPERATION	196. CONE	DITION FOR WHICH	OPERATIO	WAS PERFORMED	YES NO	IN CERTIFYING	CAUSES OF DEATH?
		BEATH HOUR A	DF INJURY M., MONTH D 'M.,	AY YEAR	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 (	OR PART 2)
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, S	OF INJURY TREET, FACTORY, OFFICE,	FARM, ETC )	21f LOCATION STREET	CITY OR TO	WN C	OUNTY STATE
	220-1 certify that (1) (this has saw the deceased alive a above, (1) (we in 1) (did it	on Sca	T. 15 198		nd that in (my) (com) opinion	death occurred on the d	ate and hour and	from the couses stated
	226. SIGNATURE /	ruch	Moon	nau,		MEDICAL STA	FF	226. DATE SIGNED 9-15-8/
	22d. PHYSICIAN'S NAME (TYPE	ick	Meenn	2)	22e ADDRESS	Mel.		
L	BURIAL, CREMATION, REMOVA	9-21	-81 7	Causy	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	in Ho	wood IM.
24	FUNERAL DIRECTOR	12 1	ADDRESS	cho.	SEP	12 2 1989 STRAP	b. REGISTRAR	LSIGNATURE

BP.

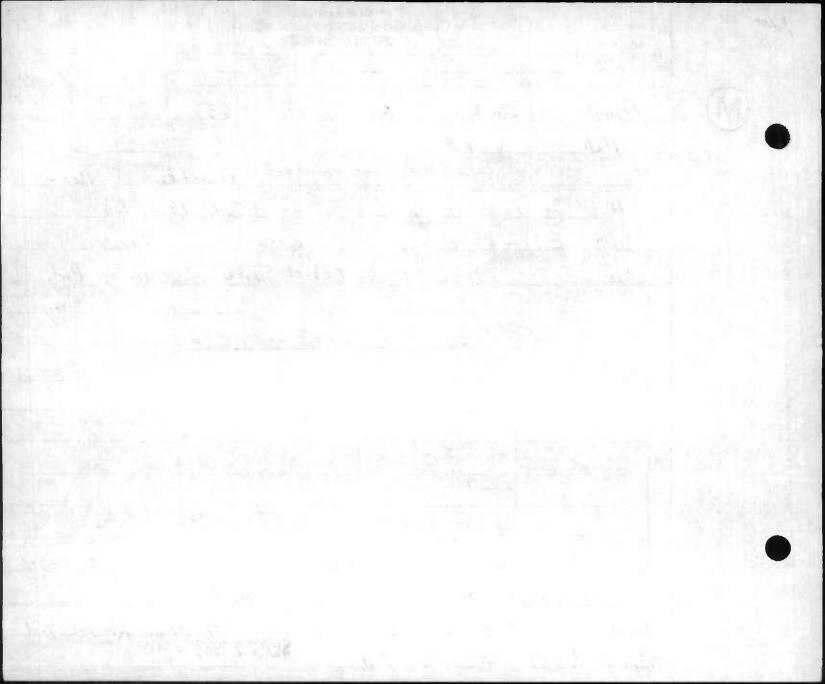
DHMH - 16 60M 1/75 (VR A 15 (4))

TO FUNERAL DIRECTOR, after this certificate has been signed by the attending physician and a shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked ar Item 18 shows any injury, ar ather traumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN The low requires that the death certificate be-

retained by the haspital or attending physician.



140+	1 - STATE REGIS
	1. DECEASED

poge 3

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	4	T-Breds T-Breds	8	9

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	0			
	CEASED NAME FIRST OR PRINT) WILLIAM I	DAVID CHAVERS		AST	20 DATE OF DEATH	MONTH E	ON YEAR	2b. HOUR	- - Al
3 SE	MALE	CAUCASIAN	S. DATE (	H DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	_
	RTHPLACE (STATE OR FOREIGN 76 ALABAMA	CITIZEN OF WHAT COUNTRY?	8	D 🖫 NEVER MARRIED 🗆	BEXHEXX	R COUNTY		COU!	T ND
	ETHESDA	NAME OF HOSPITAL, NURSIN THE NOT IN SUCH FACILITY, GIVE STREET, VAT - NAV - MED			120 USUAL OCCUPATION OF THE PROPERTY OF THE PR		126 KIND OF US-MIL	BUSINESS O	R
13a. S	MD. HARFO	RINSTITUTION GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS? YES [X NO []	130 STREET ADDRESS	BANS			3
14. FA W I	THER'S NAME LLIAM DAVID CF	PAVERS SR LAST		NANCY KENNE			LAST		
- (	VAS DECEASED EVER IN U.S. ARME VES NOOR UNKNOWN) 1945	ED FORCES? 166 SOCIAL SECUIVA CONTRACTOR   165 SOCIAL SECUI		WIFE HILDE	GARD CHAV	, -	IA TZ Z	BINZ	C
	Conditions, if ony, which gove rise to immediate couse to stoting the underlying couse lost.	CAUSE (6) Squamous  DUE TO, OR AS A CONSEQUE  (b) DUE TO, OR AS A CONSEQUE  (c)	NCE OF	Carcinoma of	Larynx				-
CERTIFICATION	PART 2 OTHER SIGNIFICANT CO	NOITIONS CONTRIBUTING TO D			200 AUTOPSY?  YES [X NO]	20b. IF YES	WERE FINDING YING CAUSES C		_
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  210 IN JURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e. PLACE OF INJURY (AT HOME, SIREET, FACTORY, OFFICE, FJ	19	21t. HOW INJURY OCCURR 21f. LOCATION STREET	41 -		COUNTY	STATE	
	220.1 certify that (I) (this hospital sow the deceased alive an above, (I) (we) (did) (did not). 22b. SIGNATURE	19	, or	nd that in (my) (our) opinion of DEGREE  ATTENDING PHYSICIAN [		ote and hour	1	1	st /

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending priming should be detoched for use as the burial-transit permit. Then please remove corbein with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or i

injury, or other froumotic

IMPORTANT: If Hem 21 is marked or Hem 18 shaws any

DHMH - 16 50M 1/81 (VRA 15, 4)

234 NAME OF CEMETERY OR CREMATORY 22

RLINGTON NATIONAL CEM.

250 DATE REC SEPT.14,1981

23d LOCATION

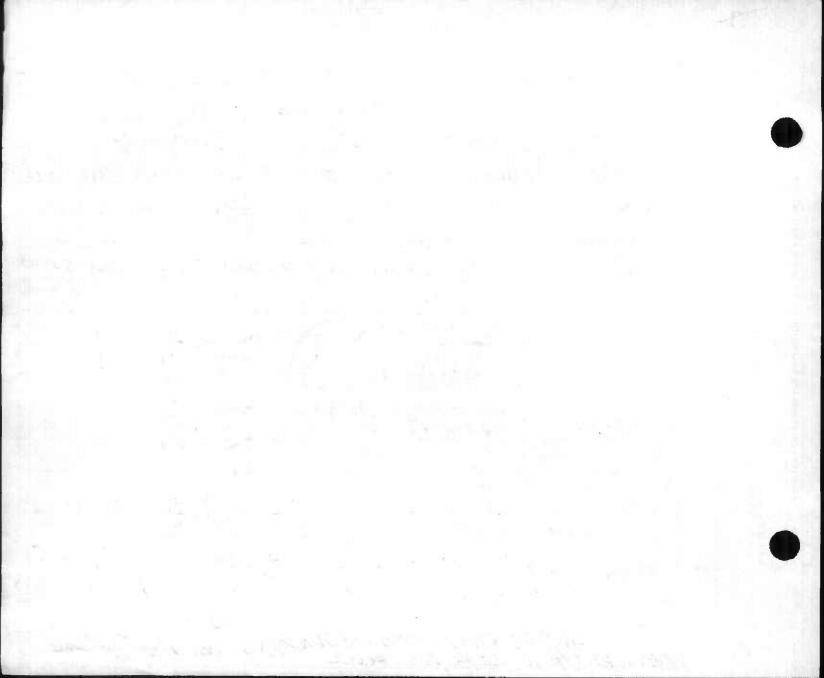
BURIAL SEPT.14,1981 ARLINGTON
HOWARD K. McComas III, ABINGDON, MD.

ARLINGTON ARLINGTON VA.

C'D. BY REGISTRAR 25 M. GISTRAR SIGNATURE

ARLINGTON VA.

1	FOR - STATE REGISTRAR	ATE GISTRAR		GIENE 8 1 2 4 1 9		
	ECEASED NAME FIRST PEOR PRINT) BIANCHE	MIDDLE	CLARK.		AR 26 HOUR	
3.5	EX 4 R	AUCASIAN	5. DATE OF BIRTH MONTH DAY YEAR -/9-/880	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1		
9	BIRTHPLACE I STATE OF FOREIGN 76. C	CITIZEN OF WHAT COUNTRY?	8. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEAT MINTGOMERY	iH ~	
10/00/0		NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A BLECKE GRANDE	GHOME OR OTHER INSTITUTION DORESSI	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUS  BINDERY WORKER IRE		
	UAL RESIDENCE / MURITING HAVE OF OTHE	ER INSTITUTION, GIVE RESIDENCE BEFORE 136. GITY OR TOWN NASH ING	ADMISSION)  13d. INSIDE CITY LIMITS?  YES NO	130. STREET ADDRESS 269 CARROLL ST.	- N.W	
except 14.	FATHER'S NAME FIRST MIDD	HADLA	15. MOTHER'S MAIDEN NAI	ME		
3 leadical	WAS DECEASED EVER IN U.S. ARMED {YES, NO OR UNKNOWN} {IF YES, GIVE WA		1384 JOHN E. MOO	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	VE S.S.M	
njury, or other traum	Condition: If any, which gave rise to immediate couse (a), stating the underlying couse last.  PART 2. OTHER SIGNIEK ANT CON	DUE TO, OR AS A CONSEQUE  DUE TO, OR AS A CONSEQUE  (c)  DITTONS CONTRIBUTING TO D	wand water	INAL DISEASE OR CONDITION GIVEN IN PA	new	
8 shows any injur	THE DATE OF OFFICE TION	Changey 10	DIFFRATION WAS PERFORMED	70s. AUTORSY? 20b. IF YES, WERE FIN CERTIFYING CALLYES NOW YES	NO	
d or hem 18.5	21s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IN SUMME HOTH'S MEDICAL FRANCES)  314. INJURY OCCURRED	21s TIME OF INJURY HOUR A.M. MONTH DA P.M. 21s PLACE OF INJURY	Y YEAR 19 211 LOCATION	RED. ((witex wallure: OF evalury on ITEM 18, PART ) OR PAR	RE 21	
is marked o	annut and work 221 to the hospital)	CATHONE STREET FACTORY OFFICE AN	4 3/3 1974	to 9 30 10 10 10 10 10 10 10 10 10 10 10 10 10	that (I) T <del>ire) t</del> a	
47 II them 2	spw the deceased alive on shove, it is large (did) removed to the state of the stat	ew hyllobdy after death.	DEGREE	MEDICAL STAFF DIRECTOR PHYSICIAN	30/8	
WPORTAN	224 PHYSISIAN'S NAME THE OUTE	( VED!	11 8 111 2 5 B	hely Dr. May	MSOR	
234	BURIAL CREMATION REMOVAL 2	Och 7 1980 10	ME OF CEMETERY OR CREMATORY	234 LOCATION PROGRAMMENT COUNT	mr."	
80	FUNERAL DIRECTOR	Walter 35	ZOVZ	FRECO. BY REGISTRAN 290 EGISTROSE	March	



	1 -	FOR STATE REGISTRAR	DEPARTN	STATE OF MARYLAND  NENT OF HEALTH AND MENTAL HY  CERTIFICATE OF DEATH	GIENE 8 I REG. NO.	24191
page 3	1. DE	CEASED NAME FIRST	A RACE	Is DATE OF BIRTH	20 DATE OF DEATH MON	- 23-81 713
ge 4 r		Male	White	MONTH DAY YEAR 10 18 12	68	MONTHS DAYS HOURS MIN.
eoth. Po		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED  WIDOWED DIVORCED	9 BALTIMORE CITY OR CO	
s after o		Selhebath			12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	
filled myst be	13a. S		OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	13e STREET ADDRESS	chester Road
mpletely ond 2 sh	14 FA	THER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN N.	AME	LAST
Pages 1 o	16a. V	ROLAND VAS DECEASED EVER IN U.S. AR VES NO OR UNKNOWN)  (18 YES GIV	Clinton MED FORCES? 166 SOCIAL SECUI	Pauline RITY NO. 17 INFORMANT	ADDRESS	Provine
hysician ai oppers. Pa aval. ent, the me.		Vo	144-12-		ine Clinton	Silver Sp'g,Mo
requires that the deoth certifical en signed by the ottending phys. Then please remove carbonopop or to buriol, cremotion, or remove y injury, or other traumatic event,	TION	Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause last	DUE TO, OR AS A CONSEQUE  (c) Pesy  CONDITIONS CONTRIBUTING TO D	is of the liver.  NCE OF the Fail  EATH BUT NOT RELATED TO THE TER	- Ascity.  Luize.  MINAL DISEASE OR CONDITION	
The law re	CERTIFICATION	19a. DATE OF OPERATION		operation was performed	YES NO	b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \text{ NO } \( \text{ NO } \)
SICIAN: Tong physicin certificate unial-tronsit tental Hygi ltem 18 shiftem 1	MEDICAL CE	?   a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR 19	RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)
attendi ter this s the bu and M	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE FA	RM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIN Ispital or CTOR: Af A for use a 1. of Health		saw the deceased olive on above, (1) (we) (did) (did na	tal) attended the deceased fram  19 1) viewthe bodylatter death.		death occurred on the date of	19 that (I) (we) lost and hour and fram the causes stated
by the hores of the hores of the hores of the properties of the period of the properties of the period of the peri		221 Monta	allhab mi		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 9/24/81-
TO HOSPITAL reformed by the TO FUNERAL should be det with the Stote		H. MONT	AKHAB M.D.	6111 EXEC	utive Polity	Rockville MD.
BP	(	URIAL, CREMATION, REMOVAL REMOVAL	23b. DATE 23c. N 9/24/81	AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY STATE
DHMH - 16 50M 1/81 (VRA 15, 4)		natomy Board	Balto.,	186	P 2 5 1981	REGISTRAS SIGNALIES

STATE OF MARYLAND

Ministration of the control of the c and the second that Market LA REST COLUMN TO DESCRIPTION OF THE PROPERTY OF THE P BOARTON TROUBERT . M. . Delet \_\_\_\_\_ Delta. \_\_\_\_\_ Delta.

# OR ATTENDING PHYSICIAN: The law requires that the TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

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should be detoched for use as the buriol-transit permit. Then please remove caropers. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, awal TO FUNERAL DIRECTOR: After this certificate has been signed by the attendaysicro

IMPORTANT: If Item 21 is morked or Item 18 shows ony

injury, or other troumotht, th

STATE OF MARYLAND

1.	STATE REGISTRAR		DEPART		ICATE OF DEATH	IENE ()	REG. NO.		
	CEASED NAME PIRST	er	AIDDLE	a	HEN	20. DATE OF D	9-1-	81	2h HOUR PA
3 SE	Male	4. RACE Wh	ite	5. DATE O	R 6 29	6 AGE LINYEA	YRS.	FUNDER I YEAR	
	IRTHPLACE (STATE OR FOREIGN COUNTRY)  DELAWARE	76 CITIZEN OF	A.	MARRIE!			GOMERY	OF DEATH	MI
3/	VEN SPMNG		HOSPITAL, NURSIN		HOSPITAL	12a USUAL OC (TYPE OF WORK F BROKER	OR MOST OF WORKING LIFE)		OF BUSINESS OF
M	ARYLAND MONT		GIVE RESIDENCE BEFORE  13c. CITY OR TOW  SILVER S		138. INSIDE CITY LIMITS? YES XX NO []		OAKWOOD S	TREET	
1	ATHER'S NAME FIRST MACYE	MIDDLE	COHEN		MOLLYE		ADDRESS DOCK	DAR	EVSKI
		REAN_	578-40-5		RICHARD FEL	.DMAN	5916 Doro		r Way
	IB CAUSE OF DEATH Enter of PARTI. DEATH WAS CAUS Conditions, if any, which gove rise to immediate cause Jo', stating the underlying cause last	DUE TO, O	Ine for ya. /b on R As/A CONSEQU R Ab A CONSEQU	INCE OF	in arteriord	noke,	was dis	BETWEEN	SCHOOL TO THE TOTAL TO THE TOTAL TO THE TAND DEATH
ATION	PART 2 OTHER SIGNIFICANT  CHILLE CONTROL  190 DATE OF OPERATION	use my	M Incu	North	NOT RELATED TO THE TERM  OLD SERVICE  N WAS PERFORMED	re-kwel	avporta	Kin	
CERTIFICATION				PERATIO			NO L YES		INGS USED S OF DEATH?
MEDICAL CE	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED	R) P,/	M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTERNAT)	RE OF INJURY IN ITEM 18 PAI	RT I OR PART 2)	
ME	WHILE NOT WHILE AT WORK	21e. PLACE (	OF INJURY EET FACTORY OFFICE F	ARM ETC )	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	22a.1 certify that (1) (this hosp sow the deceased alive ar above, (1) (see (did) feld no	P	3/ 10/	// , an	d that in (my) jour pinion	, ta death occurred	on the date and hour	ond from the	that (II (me) las
	22b. SIGNATURE	1/100	es Am		ATTENDING PHYSICIAN #	MEDICAL	STAFF	220 DATE	ESIGNED

23a. BURIAL, CREMATION, REMOVAL 236 DATE BURIAL

NAME (TYPE OR PRINT

231 NAME OF CEMETERY OR CREMATORY

CAMERIN S SPRING. WI 23d LOCATION CITY OR TOWN HYATTSVILLE

MD.

24 FUNERAL DIRECTOR NAME DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC.

ADDRESS ROCKVILLE MD 125

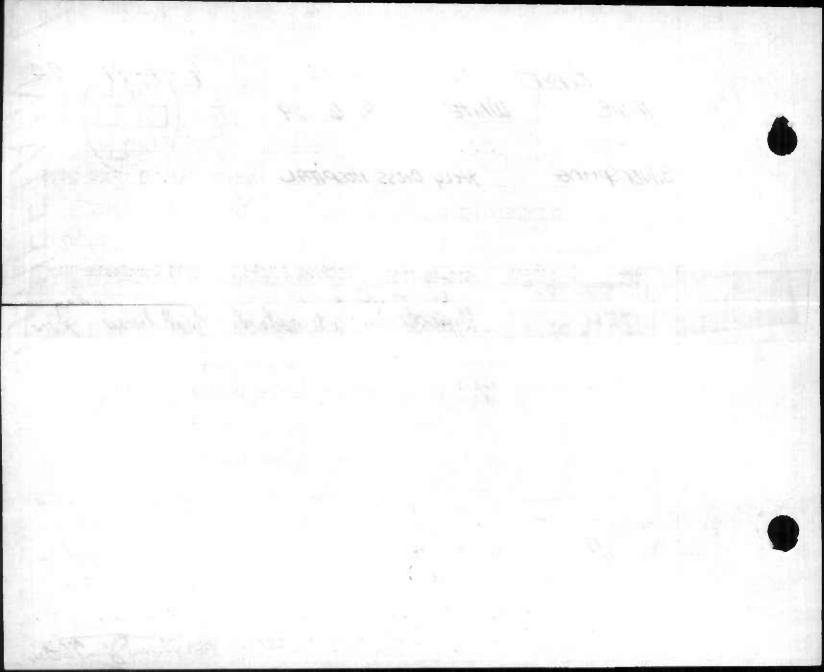
16ER. M. y

LEBANON MEM. PARK HYATTSVILLE P.G.

CKVILLE MD. 1250 ONTE WES D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
ROCKVILLE PIKE SEP 8 4861

STREET

DHMH - 16 50M 1/B1 (VRA 15, 4)



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FOR STATE REGISTRAR

DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	HYGIENE	REG. 1	2	4!	9	3
Coll	ins	2a. DAT	25/	8	DAY Y	EAR 2b	G135pm
S. DATE C	F BIRTH DAY YEAR	6 AGE	O O	PRTHDAY)	MONTHS		UNDER 24 HRS
DUNTRY? 8 MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9 BALT	MORE CITY	OR COUNT	Y OF DEA	TH	MD.
, NURSING HOME OF	ROTHER INSTITUTION		VAL OCCUPAT WORK FOR MOST CHITEC	OF WORKING L			SUSINESS OR
OR TOWN	13d INSIDE CITY LIMIT YES NO	s?  130 SIR	EET ADDRESS O Play	ndol	oh	Ro	7
DLLINS	15 MOTHER'S MAIDEN FIRST MAR(	GARET	WIDDLE			AUGH	
CHOCKX JOHN	17 INFORMANT CECELIA	ANN CO	LLINS		IE AS	13	WIFE
					1 4	PREMINAT	E INTERVAL

1.	DEC	EASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH MON	NTH DAY YEAR 26 HOUR
	i i i i	Kichar	3 b	Coll	ins	9/25/8	1937
3.	SEX	mala	4 RACE	S. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER I YEAR IF UNDER 24 HI MONTHS DAYS HOURS MI
7n	BIR	THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	C 10	13 10	9 BALTIMORE CITY OR CO	YRS OF DEATH
KB		DUNTRY)	isa	MARRIE		Milon to	DONIT OF DEATH
10	CII	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL		ROTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND O BUSINESS
	1	verSpring	Holy Cros	s Hospi	tal	ARCHITECT	DRKING LIFE) INDUSTRY
13 C 13	a. S	ATE 13b COUN		OR TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	1-6-01
14	FA	HER'S NAME		ver Spring	YES NO 15 MOTHER'S MAIDEN NA		orprica
SC		WILLIAM	M. CO	OLLINS	MARGAR	NIDDLE MIDDLE	McLAUGHLIN
00   160		S. NO OR UNKNOWN)   LIF YES, GIV	MED FORCES?	225692844NO	17 INFORMANT	ADDRESS	
=	-	NO		xxxxxxxxxxxx	CECELIA AN	N COLLINS	SAME AS 13 WI
ent, r		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	D BY.		OXEMIA, HY	PERCARRIA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
210	1	491 A	TE CAUSE (o)  DUE TO, OR AS A CO		111	i e i e i i e i i i	Injerett >
Eng		Conditions, if ony, which	(b)	SEV	ERE CHIENIC	OBSTRUCTIVE	LUNG YEARS
		gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CO	ONSEQUENCE OF		diseas	5
0.0	1	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	TING TO DEATH BUT	NOT BELATED TO THE TERM	IN AL DISEASE OF CONDITION	ON CIVEN IN DARY 1
20			Arreniosc		11 .	SEASE	SIN GIVEN IN PART 110
Shows only injury	5	90. DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATION	WAS PERFORMED	20a AUTOPSY? 201	B. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATHS
		210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW IN JURY OCCURE	YES NO	YES NO
		OR CONTRIBUTING CAUSE OF DEA		NTH DAY YEAR		TENTER MATERIAL OF PARIOR PAR	TEM 10 TANT 1 ON TANT 2)
MEDICAL		214 INJURY OCCURRED	21e. PLACE OF INJUR	Y	211 LOCATION STREET	CITY OR TOWN	COUNTY STAT
or ke		WHILE OF WHILE AT WORK	1				
	1	220 I certify that (I) (this hospi sow the deceased alive on above, (1) (we) (did) (did no			d that in (my) (our) apinion of	death occurred on the date of	ind hour and from the couses state
	ł	obove, (I) (we) (did) (did no 22b. SIGNA URF	1) view the body ofter deo		PEGREE		22c. DA E SIGNED
		Umalale	Shewy	MD	ATTENDING PHYSICIAN D	MEDICAL STAFF DIRECTOR   PHYSICIAN	9/26/81
		224 HYSICIAN'S NAME THE O	RPRINT	11 \	22e ADDRESS		
22	- PI	HISHOLD (3.	LEVY	M.D.	1106 SPRIA	g st. slu	ER SPRING, MI
230	(5	PRIAL, CREMATION, REMOVAL BURTAL	9/29/81	GATE OF	HEAUFN	23d. LOCATION SILVER SPR	RING COUNTY MONT
31 24	FUI		IS J. COLLI		25a. DATI	REC'D. BY REGISTRAR 25b	REGISTRAR SIGNAL THE
5	00	UNIV. BLVD. W.			901 SF	P 29 1981 CA	unces from

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STATE OF MARYLAND	- 1	
EPARTMENT OF HEALTH AND MENTAL HYGIENE	- 1	
CERTIFICATE OF DEATH		REG NO

1 -	FOR STATE REGISTRAR	D		FEALTH AND MENTAL HYG	IENE <sup>O</sup> REG. N	0.		7 -1
	CEASED NAME FIRST	MIDDLE	1	LAST	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
() IFE	Robert	S.	COOK		SEP 4,	1981		2:57P
3. SE	X	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS
	Male	Caucasian	Sept	ember 15 1933	47	YRS	DAYS DAYS	HOURS MIN.
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	JNTRY? 8.	D K NEVER MARRIED	9. BALTIMORE CITY C		OF DEATH	
	ssachusetts	USA	WIDOWE		Montgomer	У		MD.
	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI National Nav	VE STREET ADDRESS)		12a USUAL OCCUPAT LTYPE OF WORK FOR MOST C US Marine	OF WORKING LIFE)	INDUSTRY	F BUSINESS OR
13a. S Vi:	AL RESIDENCE (IF NURSING HOME OR STATE Cginia	ITY 13c. CITY (			13e STREET ADDRESS		US	
	shley Cook Sr.	MIDDLE	AST	Stella Bul	lmer MIDDLE		LAS	ī
	VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCI	AL SECURITY NO.	17. INFORMANT	ADDRI	ESS		
Yes		-1971 024-2	26-1201	Mrs Satono Co	ook See	item	13	
NO	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A COL	nsequence of	NOT RELATED TO THE TERMI	nal disease or con	DITION GIVEN	N IN PART TO	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, V IN CERTIFYI YES	WERE FINDIN NG CAUSES	IGS USED OF DEATH?
WEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	TH DAY YEAR	21¢ HOW INJURY OCCURR			T I OR PART 2)	
MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	22a.1 certify that (h) (this hospit saw the deceased alive on above h1/(we) (did) (did ha) 22b. SIGNATURE	ask attended the deceased	, dr	2 19 81 nd that in (myl. (aur) opinion d DEGREE M.D. ATTENDING PHYSICIAN D	MEDICAL STAI	FF	22c. DATE	SIGNED
	22d. PHYSICIAN'S NAME (TYPE OF	R PRINT)		220 ADDRESS	DIRECTOR PHYSIC	IANK	SEP	4, 1981
	Joseph F. Hacl	1		National Nava	al Medical	Center	, Beth	esda, MD
	URIAL, CREMATION, REMOVAL	236. DATE		EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
`	Burial	9/8/81	Arlingt	on National	Arlingto	n, VA	COUNT	STATE

Manassas, VA

BY REGISTRAN 231 GISTRAS JIGHASAN

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR

Baker Funeral Home

BP.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, th

ST. 0.30

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the should be detoched for use as the burial-transit permit. Then please remove carbanpopers: Pages 1 and 2 should be filed with the Stote Dept: of Heolth and Mentol Hygiene priar ta buriol, cremation, ar removal.

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IMPORTANT: If them 21 is marked ar Item 18 shaws ony

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

	REGISTRAR				CERTIF	ICAIL OF DEATH	REG. N	10.		
	EASED NAME	FIRST	3,777.5	MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
(1) PE	OR PRINT)	KAT	E	C.	C	OOLEY		9	11 81	1125 A
3. SEX			4. RACE		5. DATE O		6 AGE (IN YEARS LAST B	RTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
Fe	emale		Caucas	ian	Dece	mber 31.1898	82	YRS	MONTHS DAYS	HOURS MIN.
	THPLACE (STATE	E OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	B		9 BALTIMORE CITY		Y OF DEATH	
7 (	Tenness	ee	United	States	WIDOWE	D NEVER MARRIED DED DIVORCED	Montgome	ry		MD.
10 CIT	Y OR TOWN OF	DEATH				OR OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINESS OR
WI	neaton		Manor	Care Nur	sing	Home Wheaton	Elec. Asser		Radi	0
USUA 13a. S1	L RESIDENCE (IF	NURSING HOME O		GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
Mar	vland	1 17	gomery	Rockvill	P	YES NO	0.50	ressio	nal Lar	16
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	Willia	m	WIDDLE	Crocke	tt	Annie	MIDDLE		Reed	
	AS DECEASED E	VER IN U.S. A		166 SOCIAL SECU		17. INFORMANT	ADDF	ESS	11000	<u></u>
3Y)	no or unknown	(IF YES, G	VE WAR OR DATES)	008-12-	4675	William C. C	cooley (same	e as 1	3e)	
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TION		immediate toting the buse last.	(c) CONDITIONS <u>C</u>		DEATH BUT	NOT RELATED TO THE TERM		NDITION GI		
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion.
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	1 DE	STATE REGISTRAR CEASED NAME _ FIRST	MIDDIE	TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	DAY YEAR 2b
	(TYP	ORPRINT) BEAT	RICE E Tarai	nt Cope	9	26 81
75	3. SE	EMALE	4 RACE WHITE	5. DATE OF BIRTH  MONTH  B  2 1909	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF LE MONTHS DAYS HO
tone		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	** ** MARRIED   NEVER MARRIED   WIDOWED   DIVORCED   WIDOWED   WID	9 BALTIMORE CITY OR COL	Mont.
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SE P	130 N	Id. Pr.	or other institution give residence before the state of t		13e. STREET ADDRESS 1378 - Chi	llum Rd.
1 Septiment	14 F/	THER'S NAME FIRST  Edward	MIDDLE LAST CODE	15 MOTHER'S MAIDEN NA FIRST  Ida	WE	Tobias
Z medical			RMED FORCES? 166 SOCIAL SEC IVE WAR OR DATES) VW II 579-22			amblewood lis, Md.
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8 %	MEDICAL CER	210 ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE LIFETIMER NOTIFY MEDICAL EXAMINE 214 INJURY OCCURRED		19 21f LOCATION	RED ENTER NATURE OF INJURY IN 11EA	M 18 PART T OR PART 2)
ed or frem 1	MEC					
IT: If Item 21 is morked or Item 1	MEC	220   certify that (1) (this hasp	ortal) attended the decessed from		death accurred on the dark and	hour and from the caus
MPORTANT: If Hem 21 is morked or Hem 1		sow the deceased alivered obove, (1) (was fidile)	otyview the body other death.	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	death occurred are the date and	221. DAYE SIGI

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	3. SE		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTH	MONTHS DAYS
1	70 B	IRTHPLACE (STATE OR FOREIGN	WHITE  7.6. CITIZEN OF WHAT COUNTRY	Nov. 29, 1908	72	R COUNTY OF DEATH
5		ennsylvania	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED		tgomery
0	10 C	Iver Spring	11. NAME OF HOSPITAL, NURS	Silver Spring,	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Violinis	ON KANNE LIFE INDUSTRE
5 <sub>M</sub>	130. ar	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR  UNITY 13t. CITY OR TO  GOMERY Sil. S	WN 13d INSIDE CITY LIMITS?  Pring YES NO	13e. STREET ADDRESS	s Drive,
1	14 F/	ATHER'S NAME FIRST	MIDDLE	15 MOTHER'S MAIDEN N	MIDDLE	LAST
10	160 \	Prospero WAS DECEASED EVER IN U.S. A		tese Carol CURITY NO. 17 INFORMANT (Wi		Batt
		YES, NO OR UNKNOWN) (IF YES, G	SIVE WAR OR DATES)	-4853 Josephine		
	-		only one couse per line f		E. Corce	APPROXIA BETWEEN O
		PART I. DEATH WAS CAUS	SED BY:	Us laa enay	In luxe	MII A 7 1
		3050	DUE TO, OR AS A CONSE	Louis A	01	1 11
		Conditions, if any, which	(b)	T Mallana	oyneg	and 1/2
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQ	TMORIGNAN DENCE OF	of orner	(M) 1/2
	NO	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQ	UENCE OF  DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR COND	DITION GIVEN IN PART 110
	CATION	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQ  (c)  CONDITIONS CONTRIBUTING TO		MINAL DISEASE OR COND	206. IF YES, WERE FINDIN
2	RTIFICATION	gave rise to immediate cause (a), stating the underlying cause last  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION	DUE TO, OR AS A CONSEQ  (c)  CONDITIONS CONTRIBUTING TO	D DEATH BUT NOT RELATED TO THE TER.	200 AUTOPSY?  YES NOTE:	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES (
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DEPARTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH		2	4	•	7	C
STATE OF MARYLAND		-	,	W	0	0

	1.	- STATE REGISTRAR				TH AND MENTAL HYG ATE OF DEATH	REG. N	10.		
	(149)	CEASED NAME FIRST E OR PRINT)	106	Tames	LAST	amed	20 DATE OF DEATH	MONTH D	1981	26 HOUR
	3. SE	Male	Whit		DATE OF B MONTH Ugust	19 1917	6 AGE THE YEARS LAST B		IF UNDER 1 YEAR	HOURS N
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27/	10 C	ITY OR TOWN OF DEATH	13 NAME OF	HOSPITAL, NURSING H	HOME OR C	THER INSTITUTION	12a USUAL OCCUPAT	ION	12b. KIND OF INDUSTRY	BUSINESS
2//		toma Park AL RESIDENCE (IF NURSED)		gton Advent		ospital	Laborer		Ft.Det	rick
35	Mar	yland Fred	erick	13c. CITY OR TOWN Frederick	1 136	. INSIDE CITY LIMITS?	13e STREET ADDRESS 5751 Barto	nsvill	e Rd.	
iE.	14. F/	ATHER'S NAME FIRST	MIDDLE	LAST	15	MOTHER'S MAIDEN NA	ME		LAST	
1200		James	Λ.	Cramer		Elva			Gibson	
Jicol 7		WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECURITY	Y NO. 17	INFORMANT	ADDR	ESS		
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vent, the		18 CAUSE OF DEATH LEnter of PART I. DEATH WAS CAUS	inly ane cause po ED BY: ITE CAUSE (a)_	er line far (a), (b), and (c)	. 4 4	CIZATZA			BETWEEN ON	ATE INTERVA
ther traumatic		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	(b)_	ORAS A CONSEQUENCE	mos	of COL	010		8 mun	t(,)
juny, ar o	20	PART 2 OTHER SIGNIFICANT	CONDITIONS C	CONTRIBUTING TO DEA	<u>TH</u> BUT NO	T RELATED TO THE TERM	INAL DISEASE OR COM	NDITION GIVE	N IN PART I I a	
2 Saws any in	CERTIFICATION	190 DATE OF OPERATION	. 19b. CON	DITION FOR WHICH OP	ERATION W	AS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDING	SS USED OF DEATHS
18 sh		710. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	ATH HOUR	OF INJURY A.M. MONTH DAY P.M.	YEAR	HOW INJURY OCCURE	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PA	URT I OR PART 2)	
orked or	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		E OF INJURY TREET, FACTORY, OFFICE, FARM,		LOCATION	CITY OR T	OWN	COUNTY	STAT
21 is mo		22a. I certify that (I) (this hasp saw the deceased alive a above, (I) (we) (did) (did n	9	125 19 8	L, and th	at in (my) (aur) apınıan ı	death accurred an the c	late and haur		at (1) (we
TANT: If hem		22b. SIGNATURE	Bu	<u>_</u>	DEG	ATTENDING PHYSICIAN V	MEDICAL STA	FF CIAN []	9/25	IGNED
MPORTAN		22d. PHYSICIAN'S NAME (TYPE	O BE	NCE		1600 CARN	LOLL AUS .	TAKOWI	A Paevi	Ma
		BURIAL, CREMATION, REMOVA	Sept	29, 1981 Mt	.01iv	t Cemetery	73d LOCATION / CITY OR TOWN Frederick		erick	Md.
1/81	24 FL	106 East Churc	h Stree	y & Basford t, Frederic	Fune k, Ma	ral Homes DS	EP3 0 1981	Crance	AR SIGNATU	RE N-

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## FOR STATE

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death. Page 4 may be

requires that the death certificate be executed within 24 hours often

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 shauld be that the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If them 21 is morked or them 18 shows any injury, ar other traumatic event, the medical exam

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

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KEGISTKAR		CERTIFICATE OF DEATH	REG. NO.	
(TYPE OR PRINT)	IRST MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	nes L.	Creamer	92	0 81 7:50 M
male.	4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
LE BIRTHPLACE ISTATE OR FOR	Caucasian  75 CITIZEN OF WHAT COUN	10 30 07	YRS.	Y OF DE ATH
Maryland		MARRIED NEVER MARRIED		0 1
JO CITY OR TOWN OF DEATH		JRSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
Rockville USUAL RESIDENCE LIFT NURSING	(IF NOT IN SUCH FACILITY, GIVE S  Shady Gro  HOME OR OTHER INSTITUTION GIVE RESIDENCE	ve Adventist Hor	TYPE OF WORK FOR MOST OF WORKING	
130. STATE & 13	COUNTY 130 CITY OR	V:   Q YES NO	112612 Ston	ey Creek Road.
James	MIDDLE Crea		NAME	Mullican
16a. WAS DECEASED EVER IN	U.S. ARMED FORCES? 166 SOCIAL:	SECURITY NO. 17. INFORMANT	ADDRESS	
yes	WII 578-	14-0285 Effie H. (	Creamer (same as	13e)
PART I. DE ATH WAS		Renal Failu	20	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1850 M	MEDIATE CAUSE (a)			2000
Canditians, if any, w	DUE TO, OR AS A CONS	En carció uma -	1 Prestote	3 Years
gave rise to immed	iate	1	5	
underlying couse	last (c)	E O O E N C E O I		
PART 2 OTHER SIGNIF	CANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GI	VEN IN PART Tro
Q 19g DATE OF OPERATIO	N CONDITION SON			
19a DATE OF OPERATIO	196 CONDITION FOR WE	HICH OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
OR CONTRACTOR TO CAM	1100000 1 11 11 110000000	DAY YEAR 216 HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
(IF EITHER, NOTIFY MEDICAL	EXAMINER) P.M.	19		
WHILE NOT WHILE AT WORK	LAT HOME STREET FACTORY OF	FICE, FARM ETC.)	CITY OR TOWN	COUNTY STATE
	s haspital) attended the deceased fr	V .	8/ 10 9/20	19_0/ , that (I) (we) last
saw the deceased above, (1) (with did)	dive an 2/7 (did nat) view the bady after death	19 8 and that in (my) (correspond	on death occurred on the date and ho	ur and from the causes stated
21s SIGNOVERS	en / Kovering	DEGREE ATTENDING PHYSICIAN		22c. DAYE SIGNED
124 PHYSICIAN'S MAME		22e ADDRESS		thew burn a
GRE	ger	12105	Darreston	st , ya
230 BURIAL, CREMATION, REA	MOVAL 236 DATE 1001	23c NAME OF CEMETERY OR CREMATOR		
Burial		Parklawn Mem.Park		ntg.Maryland
NAME	poert A. Pumphrey		DATE REC'D. BY REGISTRAR 256 REGIS	
1 300 W.Montgor	mery Ave. Rockvill		EP 28 1981 Carne	so Harry mounts

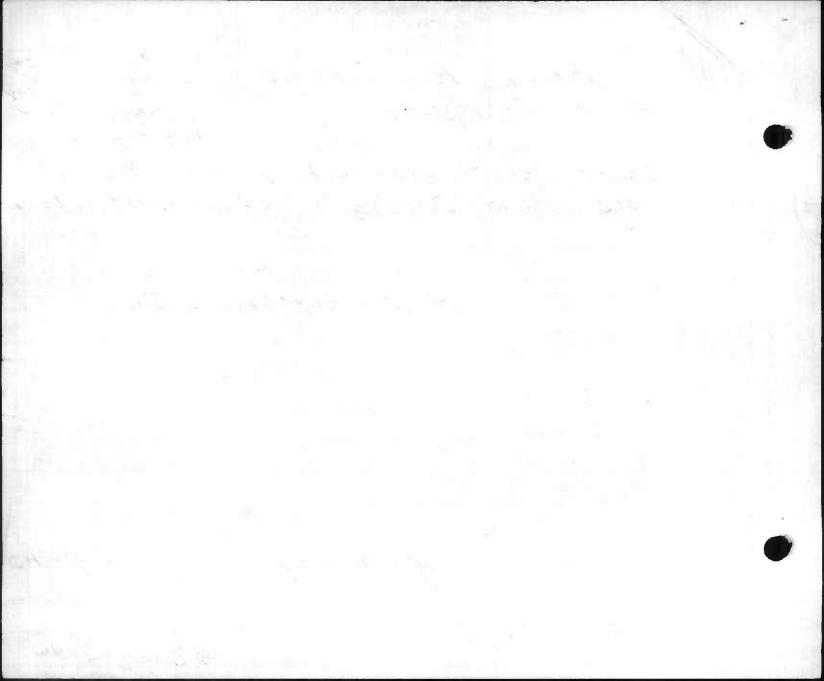
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W.Montgomery Ave. Rockville, Maryland

CBP DHMH - 16 50M 1/B1 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or ottending physician.

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The state of	1 - STATE REGISTRAR	DEPAI ATHERINE CUNNINGHAM	YGIENE 8 PREG. NO.	6.	
be 3 eeoth	1 DECEASED NAME	ATHERINE K.	CONNINGHAM	20 DATE OF DEATH MONTH	3
e 4 may	3 SEX	4 RACE	S. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MC

26 HOUR 5.08 80 YRS BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY STATE OR FOREIGN MARRIED Montgomery NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS Chevy Chase Defence Dept. INDUSTRY Govt. RETIREMENT OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) CENTERINE 13a. STATE 13e STREET ADDRESS None Washington. YES X 4100 Cathedral Ave. N.W. D.C. 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Julia Gleason Albert Kruger ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT Carol C. Foley 4600 Charleston Terro. N. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY BRENCHOPNEUMONIA 4 days OR AS A CONSEQUENCE OF CEREBROVASCULAR gave rise to immediate LEFT HEMIPLEGIA WITH MENTAL CNANGES TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20g AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATHS NO 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH MEDICAL ( IF EITHER NOTIFY MEDICAL EXAMINER) 211. LOCATION 21d INTURY OCCURRED 21ª PLACE OF INJURY CITY OR TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive ar (pur) apinian death accurred an the date and haur and fram the causes stated abave, (1) ( (did) (did not) view the bady after death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN PARKER 2015 RST NW WASH, DC 2000 23a BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY

9/8/81 Arlington Nat'l. Cem.

4 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc.
5130 Wisc. Ave. N.W. Wash., D.C. 20016

SEP 8 1981 CARRES SIGNATURE

DHMH - 16 50M 1/81 (VRA 15, 4)

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MPORTANT: If

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 hours attended eath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked at them 18 shows any injury, at other traumatic event, the medical examines may be positived at ances.

#### STATE OF MARYLAND

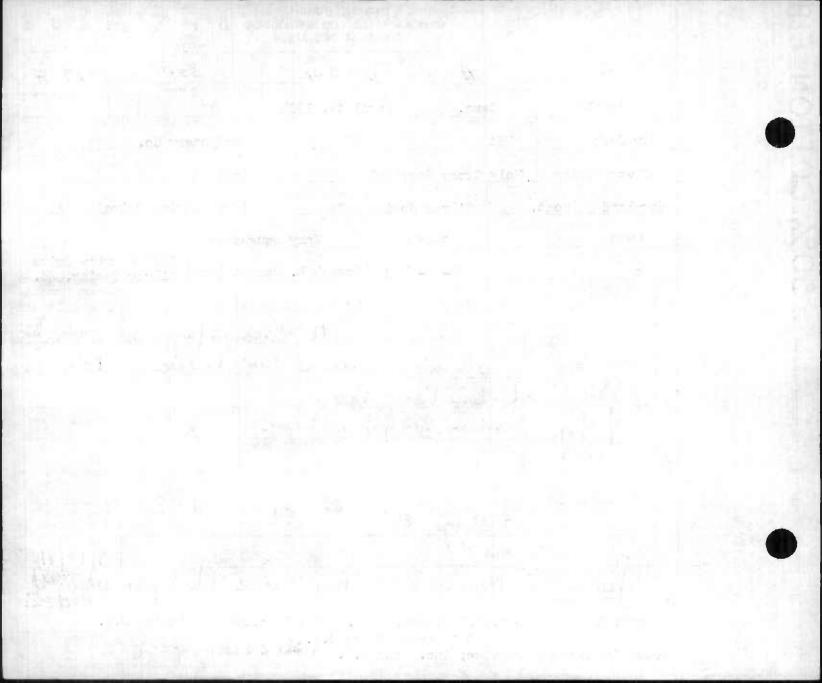
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

3 | 2 4 2 0 2

- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST TYPE OR PRINT; FRANCE	S A	DARGAN	20. DATE OF DEATH MONTH	18 198 9 5 M
3 SEX Female	Cauc.	5 DATE OF BIRTH  MONTH  April 19, 1904	6. AGE (IN YEARS LAST BIRTHDAY)  77 YR	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) New York	76 CITIZEN OF WHAT COUNTR		9 BALTIMORE CITY OR COUR Montgomery Co	
O CITY OR TOWN OF DEATH Silver Spring	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR  HOLY Cross Ho	SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN  Retired	12b. KIND OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME 130. STATE 13b. COI Maryland Mon 14 FATHER'S NAME	or other institution give residence ber unty 13c city or to t. Silver	ORE ADMISSION) DWN 13d INSIDE CITY LIMITS?	13. STREET ADDRESS 1609 Oakview	Drive
PIRST  OWEN  16a WAS DECEASED EVER IN U.S. A  (YES NO OR UNKNOWN)   (IF YES, C	ARMED FORCES?  GIVE WAR OR DATES		augherty  ADDRESS 1609	Oakview Drive
	anly one cause per line for (a), (b), SED BY.  ATE CAUSE (a)  DUE TO, OR AS A CONSEC	respiratory a	mest	Per Spring Md  APPROXIMATE INTERNAL BETWEEN ONSET AND DEATH  3-5 Number  24-34 lass
gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSECUTION OF TOO PROPERTY OF	note Vandin reserve	ar du sease MINAL DISEASE OR CONDITION	65-20 you
190. DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED  SLUP & CHAP CHAPTER  116 HOW INJURY OCCUP	YES NO NO IN CEI	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO 1
OR CONTRIBUTING CAUSE OF D  (IF EITHER NOTIFY MEDICAL EXAMIN  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		19 211 LOCATION	CITY OR TOWN	COUNTY STATE
	spital) attended the deceased from		death occurred on the date and	, 19, that (I) (we) lost hour and from the causes stated
ame		az Pin Pri	nce Philip	Dr. Olney 14
230. BURIAL, CREMATION, REMOVA Removal	Sept. 18,1981 G	NAME OF CEMETERY OR CREMATORY	Carlon Carlon Washingto	on D.C.
24 FUNERAL DIRECTOR NAME Columbia Mortua:		Wash D.C. 200	TE REC'D BY REGISTRAP/Sb. REC	GTRARIS SUSMATURE

DHMH - 16 50M 1/B1 (VRA 15, 4)

retained by the hospital or attending physician.



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NO	24	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	CO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 ha	
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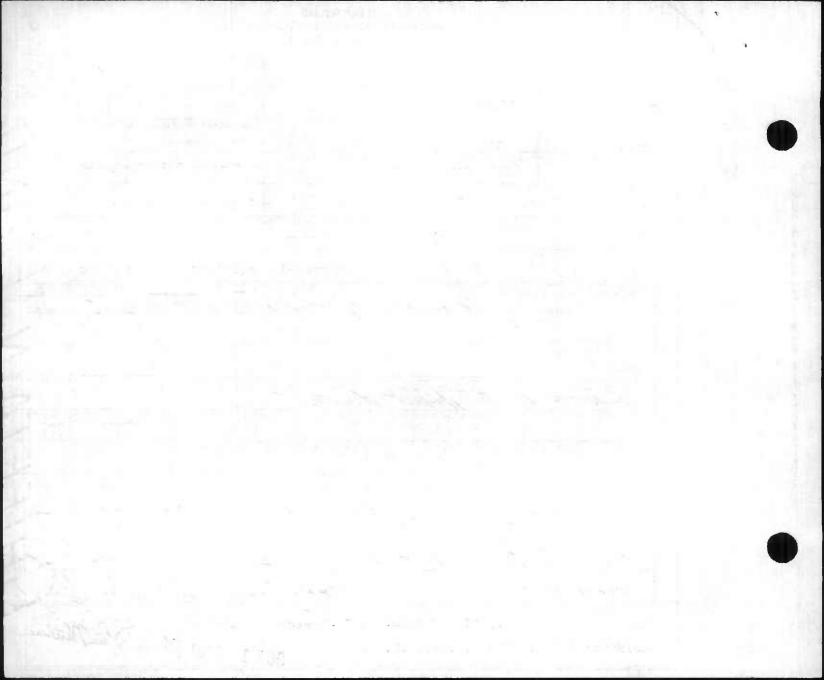
FOR

STATE OF MARYLAND 2 4 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

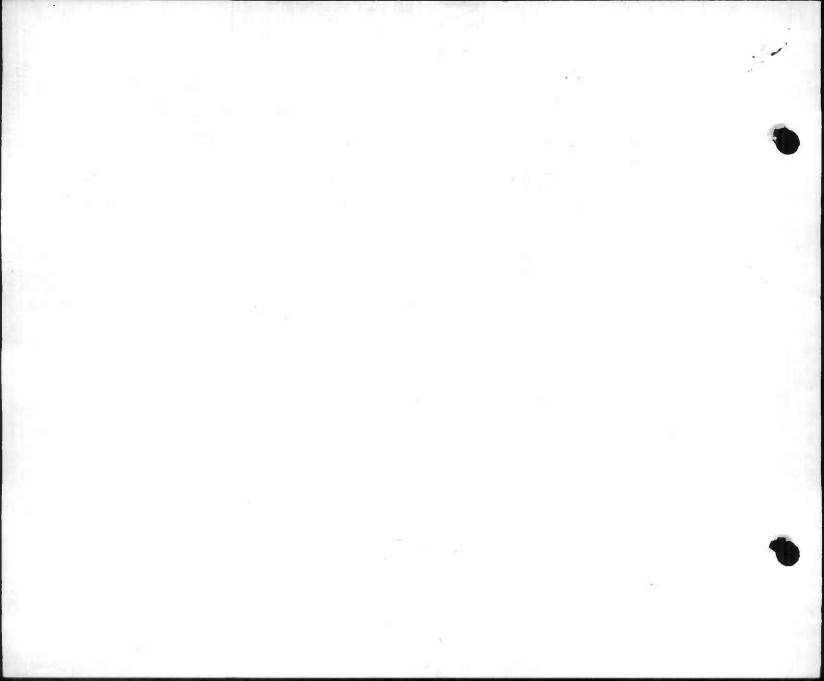
							REG. I			
		CEASED NAME	FIRST	MIDDLE	LAST		20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	( I TYPE	E OR PRINT)	рт	н.	DAVIS			9.	26 81	500
	3 SE		4 RACE	White	5. DATE OF BIRTH	8 1905	6 AGE (IN YEARS LAST E		MONTHS DAY	R IF UNDER 24
76		IRTHPLACE (STATE OR F.		ZEN OF WHAT COUNTRY?	8	EVER MARRIED DIVORCED	9 BALTIMORE CITY Montgome	_		
00	10 C	Penn. ITY OR TOWN OF DEA .S.	TH II. NA	ME OF HOSPITAL, NURSIN 13 SUCAFACUTO 1 VE STRAFT	G HOME OR OTHE		126 USUAL OCCUPA	TION		OF BUSINESS
35	USU. 13a M	AL RESIDENCE (IF NURSI STATE LC .	136 COUNTY MONT.	STITUTION, GIVE RESIDENCE BEFORE	E ADMISSION) /N   13d. IN YES	SIDE CITY LIMITS?	131 STREET ADDRESS	la Av	enue	
50		Richard	WIDDIE	Davis	15. MC	THER'S MAIDEN NA FIRST UNK	MIDDLE			AST
1	160. V	WAS DECEASED EVER YES NO OR UNKNOWN)	IN U.S. ARMED FO (IF YES, GIVE WAR OR			ORMANT thryn Vian	nds(Friend)		as abov	re .
her frouman		Conditions, if any, gove rise to imm cause (a), stating	which nediate	(b)	ENCE OF					
niury, or a	NO	PART 2. OTHER SIGN	last (	(c) CONTRIBUTING TO		ELATED TO THE TERM	MINAL DISEASE OR CO	NDITION C	GIVEN IN PART	1(a)
ows ony injury, or or	TIFICATION		Ilast	(c)	DEATH BUT NOT RI	uast	200 AUTOPSY?	20b. IF Y	GIVEN IN PART  YES, WERE FINE TIFYING CAUSI YES	INGS USED
G G G	CAL CERTIFICATION	PART 2. OTHER SIGN	IOSI  NIFICANT CONDITION  ION  19b  DERLYING   21b  H  CAUSE OF DEATH	IONS CONTRIBUTING TO I	DEATH BUT NOT RI	PERFORMED	200 AUTOPSY?	20b. IF Y	YES, WERE FINE TIFYING CAUS YES []	DINGS USED ES OF DEATH!
irked or Item 18 shows any injury, or at	MEDICAL CERTIFICATION	PART 2. OTHER SIGN 190 DATE OF OPERAT 210. ACCIDENT WAS UND OR CONTRIBUTING C	I I I I I I I I I I I I I I I I I I I	IONS CONTRIBUTING TO I	DEATH BUT NOT RI OPERATION WAS AY YEAR 19	PERFORMED	200 AUTOPSY?	20b. IF Y IN CER	YES, WERE FINE TIFYING CAUS YES []	DINGS USED ES OF DEATH!
n 21 is marked or Item 18 shows any injury, or al		PART 2. OTHER SIGN  190. DATE OF OPERAT  210. ACCIDENT WAS UND OR CONTRIBUTING CIPETIMER NOTIFY MEDIC 21d. INJURY OCCURR WHITE NOT WHAT WORK NOT WHAT WORK  270.1 certify that (1) saw the deceose above, (1) (we) (6)	IOST  NIFICANT CONDITION  ION  ION  ION  ION  ION  ION  ION	IONS CONTRIBUTING TO I CONDITION FOR WHICH  I. TIME OF INJURY OUR A.M. MONTH D. P.M. PLACE OF INJURY HOME, STREET, FACTORY, OFFICE, F	DEATH BUT NOT RI OPERATION WAS  AY YEAR  19  FARM, ETC.)  21f. LG	PERFORMED  OW INJURY OCCUR  DEATION STREET	200 AUTOPSY?  YES NO  RED (ENTER NATURE OF IN	20b. IF Y IN CER	YES, WERE FIND TIFYING CAUSI YES  B. PART 1 OR PART 2  COUNTY  198  LOUR Ond from the	DINGS USED ES OF DEATH NO  STAI
NI: If Nem 21 is morked or item 18 shows ony injury, or of		PART 2. OTHER SIGN  190 DATE OF OPERAT  210. ACCIDENT WAS UND  OR CONTRIBUTING CONTRIBUTING CONTRIBUTING OF CONTRIBUTING COURT  WHILE NOT WHAT WORK NOT WHAT WORK NOT WHAT WORK  220.1 certify that (I)  sow the deceose obove, (I) (we) (of the court of th	I lost  NIPCANT CONDIT  I 19b  DERLYING   21b  CAUSE OF DEATH  CALEXAMINER)  RED   21e  (AT  REC   (AT  Grant Trosprint) atte  (this trosprint) atte  did) (did not) view in	ICONS CONTRIBUTING TO I	DEATH BUT NOT RI OPERATION WAS  AY YEAR 19 21f. LG FARM, ETC.)  DEGREE	PERFORMED  OW INJURY OCCUR  OCATION STREET  19 9  In (my) (OD) Opinion  ATTENDING PHYSICIAN	200 AUTOPSY? YES NO CITY OR CITY OR death accurred an the	20b. IF Y IN CER	VES, WERE FIND TIFYING CAUSI YES  B. PART 1 OR PART 2  COUNTY  LOUR Ond from the	DINGS USED ES OF DEATH! NO []  STAI
MPUKLANI: If Nem 21 is morked or item 18 shows ony injury, or or	MEDICAL	PART 2. OTHER SIGN  190 DATE OF OPERAT  210. ACCIDENT WAS UNDED  OR CONTRIBUTING CIT  (IF EITHER NOTIFY MEDIX  21d INJURY OCCURE  WHILE NOT WA  AT WOOK  AT WOOK  220.1 certify that (I)  SOW the deceose above, (I) (we) (c)  22d PHYSICIAN'S NA	I lost  NIFICANT CONDIT  NIFICANT CONDIT	IONS CONTRIBUTING TO I  CONDITION FOR WHICH  TIME OF INJURY OUR A.M. MONTH D. P.M. PLACE OF INJURY HOME, STREET, FACTORY, OFFICE, F	AY YEAR 19 216 LG FARM, ETC.) 216 LG 22e A	PERFORMED  OW INJURY OCCUR  OCATION STREET  19 9 In (my) (000) opinion  ATTENDING	ZOO AUTOPSY? YES NO RED (ENTER NATURE OF IN CITY OR') death occurred an the	20b. IF Y IN CER	VES, WERE FIND TIFYING CAUSI YES  B. PART 1 OR PART 2  COUNTY  LOUR Ond from the	STAIL SIGNED

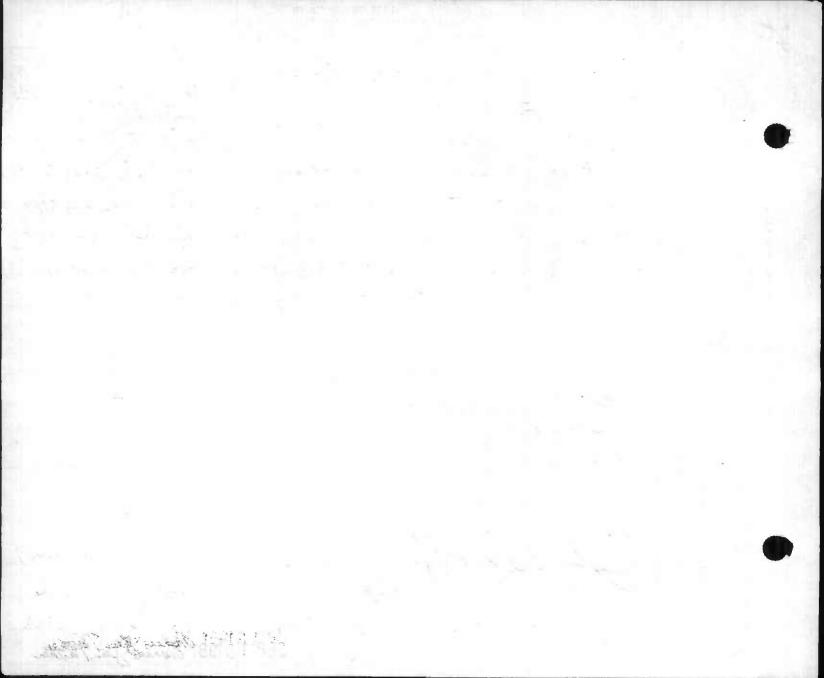
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2)201 4 CERTIFICATE OF DEATH 20. DATE OF DEATH 1. DECEASED-NAME First Middle OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death (Type or print) NDREW 4. RACE 6. AGE (In years lost birthday) AUCASIAN 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED ONTGOMERY WIDOWED DIVORCED 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION 12b. KIND OF BUSINESS OR during most of working life, even if retired.) 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? YES 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle DAWSON **JOHANNA** HAYES CHARLES 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? DAUGHTER 212 MOYLAND AVE WALLINGFORD, PA (Yes, no or unknown) CHRISTINE D. STODDARD 578-01-6884 burial, crematian, ar remaval 1B. CAUSE OF DEATH (Enter only one couse per line for (b), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) BETWEEN ONSET AND DEATH ARCHOMA OF THE LUNG MO DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse: PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PHYSOMA be retained by the hospital ar attending as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? 19o. DATE OF OPERATION CAUSES OF DEATH? YES [ NO X af Health 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) certificate 21o. ACCIDENT WAS 21b. TIME OF INJURY DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) 21d. INJURY OCCURRED ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. City or Town County Stote 21e. PLACE OF INJURY While Not while ot work 22a. I certify that (I) (this hospital) attended the deceased from \_\_\_\_\_\_\_, 19 \_\_\_\_\_, to \_\_\_\_\_\_\_\_, 19 \_\_\_\_\_\_, that (I) (the last saw the deceased alive an \_\_\_\_\_\_\_\_\_, 19 \_\_\_\_\_\_\_, ond that in (my) (our opinian death occurred on the date and hour and from the causes stoted glove, (1) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIANS 10301 GEORGIA AVE., SILVER SPRING, MD. IRA TAUBER 23d. LOCATION (City or Town) (Stote) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) 23a. BURIAL, CREMATION, MD. PARKLAWN CEMETERY ROCKVILLE MONT 9/14/81 250. REC'D BY REGISTRAR DATE SEP 16 FRANCIS J. COLLINS ADDRESS 2Sb. REDISTRAR'S SIGNATURE VR A15 (4) 500 UNIV. BLVD., W., SILVER SPRING, MD. 20901





# nding physicion and campletely filled in by the funeral discorbanpapers. Pages 1 and 2 should be filed within 72 hou TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician requires that the death offending physicion OR ATTENDING PHYSICIAN: retained by the hospital ar

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

D	EPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	reg. N	6.	l'a	UQ
)	Degen	20 DATE OF DEATH	8/	YEAR	2h HOUR 8 30
	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BI	RTHOAY) IF I	JNOER I YEAR	IF UNDER 24 HRS
e	MONTH DAY YEAR	67	MOM	INS DATS	HOURS MIN.

-12

	FOR STATE REGISTRAR		ENT OF HEALTH AND MENTAL HYGIENES 24200  CERTIFICATE OF DEATH  REG. NO.				
	I. DECEASED NAME FIRST (TYPE OR PRINT)	aseph D	ea en	20 DATE OF DEATH / MONTH	DAY YEAR 26 HOUR		
	Male		ATE OF BIRTH  AONTH DAY YEAR  2 16 13	6. AGE (IN YEARS LAST BIRTHOAY)  G 7  YRS	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.		
	COUNTRY	VSA   WID	RRIED NEVER MARRIED OWED DIVORCED	Montgome	Y OF DEATH		
	Ta Koma Park  USUAL RESIDENCE (IF NURSING HOME OR OTH	NAME OF HOSPITAL, NURSING HO	Trentist Hosp	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	KIND OF BUSINESS OR HEI NOUSTRY  U.S. G.V.T.		
	130 STATE 136 COUNTY MONT		13d INSIDE CITY LIMITS?	132 STREET ADDRESS TO MONTGOM	ery AVC		
1	· William A	Degen	Margare	MIODIE	Bossert		
	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMACY ADDRESS  (YAS, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  OP/-03-78.25 Pt Chart						
	18 CAUSE OF DEATH Enter only o PART I. DEATH WAS CAUSED BY IMMEDIATE C	1: Mottot	tie CA Bl	odder	BETWEEN ONSET AND DEATH		
	Conditions, if ony, which gove rise to immediate cause (o), stating the						
١	underlying couse lost.	DUE TO, OR AS A CONSEQUENCE C					
		NOITIONS CONTRIBUTING TO DEATH			VEN IN PART TO		
	190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERA		200 AUTOPSY?  20b IF YES, WERE FINDINGS USIN CERTIFYING CAUSES OF DE YES NO			
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19	ED (ENTER NATURE OF INJURY IN ITEM 18 1	PART : OR PART 2)		
	AT WORK AT WORK	21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, OFFICE, FARM, ETC	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE		
	270 I certify that III the hospital)  see the declared drive on  been (I (we) idid) (#3)not) vice [22b &IGNATOE]	Sept 10 10 ST	ond that in (my) (our) opinion of	deoth occurred on the date and hou	that (I) (we) lost or and from the causes stated		

ATTENDING PHYSICIAN MEDICAL STAFF DIRECTOR PHYSICIAN

22e ADDRESS

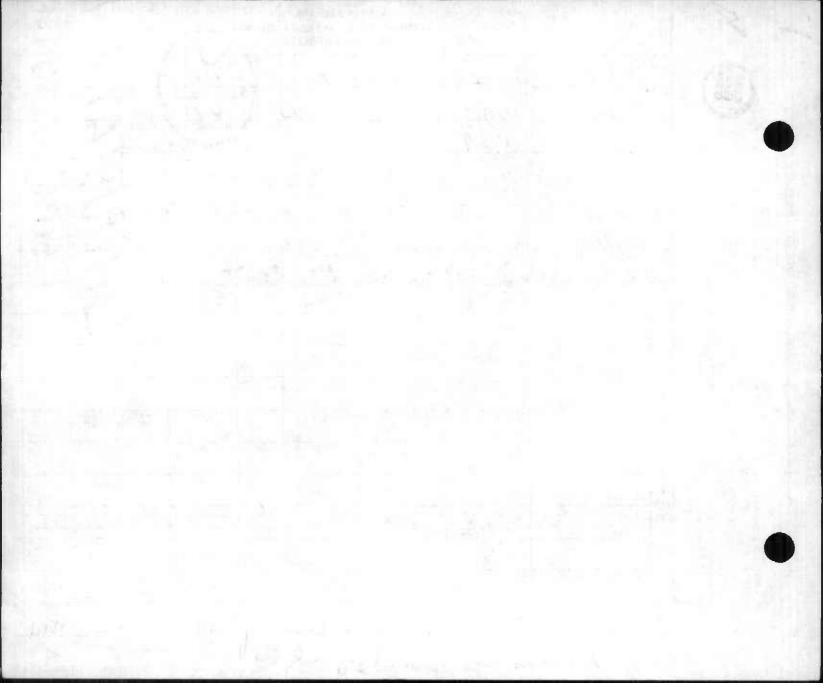
23b. DATE

236 NAME OF CEMETERY OR CREMATORY
COLDEN HINCHEMAT D. BY REGISTRAR THE LEGIST (1951) TATABLE

DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL

should be detached for use as the burial-transit permit. Then please remove corbon-papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medica



\_\_\_ that (I) (we) lost

Church

m. Cemetery Falls ( 250. DATE REC D. BY REGISTRAR 256. REGISTRAR'S

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126 KIND OF BUSINESS OR

IF UNDER 24 HRS

	REGISTRAR		CEKTIFI	CALL OF DE	AIM	REG. N	40		
	ECEASED NAME FIRST	MIDDLE	LA	ST	T	a DATE OF DEATH		DAY YEAR	2b. HOUR
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3 58		4 RACE	5 DATE O	F BIRTH	6	AGE (IN YEARS LAST B	RTHDAYI	IF UNDER TYEA	R IF UNDER 24 HE
	I		MONTH	DAY	YEAR	/	6	MONTHS DAYS	
7n F	BIRTHPLACE (STATE OR FOREIGN	White 76 CITIZEN OF WHAT CO	LINITDV2 8	7	12	DALTIMORE CITY	YR5	V OF DEATH	
	COUNTRY)	78 CHIZEN OF WHAT CO		NEVER MA	RRIED 🗆	BALTIMORE CITY	JK COUNT	OFDEATH	
	Maryland	U.S.A	WIDOWE		RCED 🗌	Montg			
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,		R OTHER INSTITU		2a USUAL OCCUPA (TYPE OF WORK FOR MOST			OF BUSINESS C
Be	thesda	Suburban I	Hospital		1	Teacher		tired	
USL 13a	STATE IN COL	OR OTHER INSTITUTION GIVE RESIDE	NCE BEFORE ADMISSION)	13d INSIDE CITY	LIANITES 1	3e STREET ADDRESS			
	1.7	100.011	evy Chas					D = - 1	
4. F	ATHER'S NAME	-	evy Chas	15 MOTHER'S M			nett	Road	
	FIRST		LAST	FIRS		WIDDLE			AST
60	Joseph Sis	skind	AL SECURITY NO.	I7 INFORMANT	ecelia	ADDI	ECC	Sin	ger
01.	(YES, NO OR UNKNOWN) (IF YES, O	GIVE WAR OR DATES)				3310		ett R	oad
	0	579-	-26 <u>-5565</u>	Victor	Deit		v Cha	aa M	7
	18 CAUSE OF DEATH Enter PART I. DEATH WAS CAUS	only one couse per line for to		- 1				BETWEE	NONSET AND DEAT
		ATE CAUSE (0) RESO	ratory t	oilure				24	hrs.
	1991	DUE TO, OR AS A CO	NSEQUENCE OF						
	Conditions, if ony, which	Meta	static 1	Allopes	reinn	a of use	ertain	15	months
	gove rise to immediate	)	Primare				C) 0 4/		
	underlying couse lost.	DUE TO, OR AS A CO	NSEQUENCE						
	PART 2. OTHER SIGNIFICAN	(c)	INC TO DEATH BUT A	LOT BELATED TO	THE TERMINA	AL DISEASE OR CO.	10/1/01/01	(5	
Z	Mana	CONDITIONS CONTRIBUTI	ING TO DEATH BUT I	NOT RELATED TO	) INE IEKMIN	AL DISEASE OR COR	IDITION GIV	ENINPARI	10
CERTIFICATION	190 DATE OF OPERATION	19b CONDITION FOR	WUICH OBERATION	LAMAS DEDECORA		200 AUTOPSY?	Tool 15 V5	S, WERE FIND	
FIC	DATE OF OPERATION	170 CONDITION FOR	WHICH OPERATION	WAS PERFORM	IED .	200 AUTOPST			ES OF DEATH?
RTI						YES NO	YE	🗀	NO 🗌
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	216. TIME OF INJURY	TH DAY YEAR	21c HOW INJUI	RY OCCURRED	(ENTER NATURE OF INJ	JRY IN ITEM 18 F	PART I OR PART 2)	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	DEATH	19						
EDI	21d INJURY OCCURRED	21e PLACE OF INJURY		211. LOCATION	-	CITY OR TO	21441	COUNTY	STATE
W	WHILE NOT WHILE	(AT HOME STREET, FACTORY	, OFFICE FARM ETC )	SINEEL		CITY OR IT	JWN	COUNTY	STATE
	220.1 certify that (I) (this has	pital) attended the decease	from Trelle		10 80	in Sept 2	8	19.8/	_ that (I) (we) la
	sow the deceased alive of	Sept. 27	19 81 one	d that in (my) (ou		oth occurred on the c	late and hou		
	22b, SIGNATURE	not) view the body ofter deat	n.		-				E SIGNED,
	MA	' h_		////		MEDICAL STA	FF _	0%	20/01
	22d PHYSIC AS NAME (V)	11/15			SICIAN X	MEDICAL STA DIRECTOR PHYSI		1/4	20/8/
	Ol. III.	E OR PRINT)		22e ADDRESS	oth _		4	rashing	ton D.C
	thillip w.	roth, MD		818 18	52	, Suite 2	40,	2000	6
	BURIAL, CREMATION, REMOVA	AL 23b. DATE	23¢ NAME OF CE	METERY OR CRE	MATORY	23d LOCATION		COUNTY	STATE

King David Mem

Spr

Ga. Ave

DRESS 8434

Sil.

DHMH - 16 50M 1/81 (VRA 15, 4)

BP

ector, page 3

anding physician and completely filled in by the ficorban papers. Pages 1 and 2 should be filed with

offending physician

signed by the

injury, ar other traumatic event, the medical

ol, cremotion,

should be detached for use as the burial-transit permit. Then p with the State Dept. of Health and Mental Hygiene prior ta bur

IMPORTANT: If Nem 21 is marked or Nem 18 shows any

Burial

Warner E.

24 FUNERAL DIRECTOR Howard

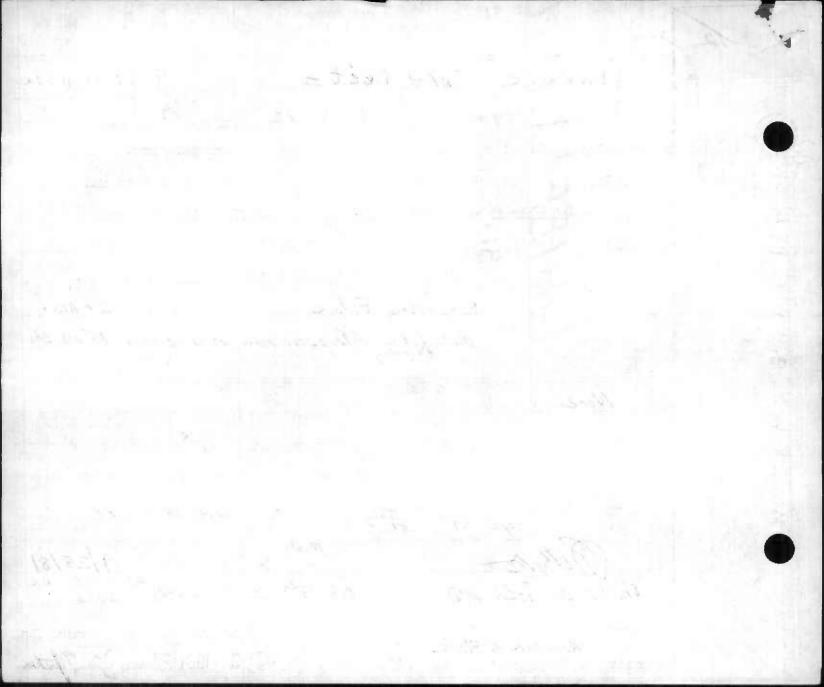
Pumphrey, Inc.

TO FUNERAL DIRECTOR: After this certificate hos been

offending p

TO HOSPITAL

DIVISION OF KITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120)



executed within 24 hours after

	,	1	/	
0	1	9	-	7

FOR 1

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIFI	CATE OF DEATH		REG. NO.			
1. DECEASED NAM	E EIRST	MIDDLE		LA	ST	20. DATE OF	-DEATH MONTH	H DAY	YEAR	26. HOUR P
(TYPE OR PRINT)	Joseph	E	De	llen			Sept.	13,	1981	11;00 <sub>M</sub>
3. SEX		4 RACE	5	DATE OF		6 AGE (INY	ARS LAST BIRTHDAY)		NOER I YEAR	IF UNDER 24 HRS
Male		Caucasia	n M	larcl	$h  2^{\frac{\text{DAY}}{8}}  192^{\frac{\text{YEAR}}{5}}$	56	,	YRS.	THS DAYS	HOURS MIN.
To. BIRTHPLACE IS	TATE OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY? 8		NEVER MARRIED	9. BALTIMO	RE CITY OR CO		DEATH	
Penn	na.	USA		MARRIED VIDOWED		M	ontgome	erv		MD.
10. CITY OR TOWN			TAL, NURSING	HOME O	R OTHER INSTITUTION	12a USUAL	OCCUPATION			F BUSINESS OR
Silver Sp		2602 Dav		Silve	er Spring		hologist	(ING LIFE)	Priv	vate
130 STATE  Aaryland	136 COUN		residence before ad City or town Silver Sp		13d. INSIDE CITY LIMITS? YES NO X	130. STREET	Davan	Rd		
14. FATHER'S NAM!		MJDDLE	LAST		15. MOTHER'S MAIDEN NA/		MIDDLE		LAS	it it
Albert	n	/a Dell	en		Anna	r	ı/a	Fli	iss	
160 WAS DECEASE LYES, NO OR UNKNI Yes	DEVER IN U.S. AR	WAR OR DATES)	SOCIAL SECURIT		Doris W. De	llen (	ADDRESS	) (xzi	ife)	
194 Conditions,	if any, which to immediate	DUE TO, OR AS	acquisequence a consequence	area	of metis	tases			min 6 m	nt-
	IER SIGNIFICANT (	CONDITIONS <u>CONT</u> E	IBUTING TO DEA	ATH BUT 1	NOT RELATED TO THE TERM	INAL DISEAS	e or conditio	n given	IN PART I	01
190 DATE OF	OPERATION	196 CONDITION	FOR WHICH OP	PERATION	N WAS PERFORMED	20a AUTO			ERE FINDIN G CAUSES	NGS USED OF DEATH?
	WAS UNDERLYING CAUSE OF DEA	21b. TIME OF IN. HOUR A.M. P.M.	MONTH DAY	YEAR 19	21c. HOW INJURY OCCURE	RED (ENTER NA	TURE OE INJURY IN ITE	EM 18, PART 1	OR PART 2)	
OR CONTRIBUT  (IF EITHER, NOT  21d, INJURY (  WHILE  AT WORK	NOT WHILE AT WORK	21e. PLACE OF IN (AT HOME, STREET, F	JURY ACTORY, OFEICE, EARM	A, ETC.)	21f. LOCATION STREET		CITY OR TOWN		COUNTY	STATE
sow the	deceosed alive an 1) (we) (did) (did no	to attended the de-	1981		d that in (my) (our) opinion o	, ta death accurre	d on the date an	3, 19_ d haur an	-	that (1) (we) last causes stated
224 PHYSICI	AN'S NAME (TYPE O	elans	My	14	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	3	9/1	13/81
		elaney, M	.D.		4323 Havard	Stree	t, Silve	er Sp	ring,	Md.20906
230. BURIAL, CREM	ATION, REMOVAL	23b. DATE	23c NA	ME OF CE	METERY OR CREMATORY	23d. LOCA	TION	COU	INTY	STATE

JO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the haspital or ottending physician.

DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the taskbould be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be litted with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

medico

Cremation

Sept 14, 1981 Cedar Hill Crematory Suitland,

Md.

BY REGISTRAR Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DWCTOW. Chambers Co 8655 Georgia Ave, Silver Spring, Md. 20910

The state of the s The state of the second THE SALE OF THE SA 18/2.1 

5M .F

Complete National Complete Com

inding physician and completely filled in the the corban papers. Pages 1 and 2 should be filled in

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

executed within 24 hours often

requires that the death certificate be

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	2

# FOR STATE

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIEN®	
CERTIFICATE OF DEATH	

7	13	-)	0	Q
line	-	(LAND		

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	<b>5</b> .				
	1 DECEASED NAME FIRST	WIDOFE		AST	20 DATE OF DEATH	MONTH OA	AY YEAR	2b HOUR		
	Dorothy	Darleen	De L	ong	Sept. 22, 19	13(		9 PM		
	3 SEX	4 RACE	5 DATE O		6 AGE (IN YEARS LAST BIRT	_	F UNDER 1 YEAR	IF UNDER 24 HRS		
-	Female	Caucasian	Nov.	10, 1909	71	YRS	ONTHS DAYS	HOURS MIN		
	70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MADDIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH			
	Colorado	USA	WIDOW		Montgo	mery		MD.		
	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN			12a USUAL OCCUPATI		12b KIND OI	F BUSINESS OR		
	Kensington	9605°Hillifitge		ve	TYPE CLERK FORMOSY	(et)	Dept.	Store		
-	USUAL RESIDENCE (IF NURSING HOME O 130 STATE 136 COU			138 INSIDE CITY LIMITS?	13e STREET ADDRESS					
)	Maryland Mont	gomery Kensing	ton		9605 Hillri	dge D	rive			
٦	14 FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA			. IASI			
Ġ	Arthur u	nk Sharp		Wilma	un K	Mau	pin			
٦	160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS				
	None Non	1-7	2572	Howard G. I	De Long s	ee 13	E			
	18 CAUSE OF DEATH (Enter o	nly one couse per line for (o), (b), one	d (c				APPROXIE BETWEEN C	MATE INTERVAL		
	PART I. DEATH WAS CAUSE	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA SFTHE COLON 6 MONTHS								
i	1539	1539 DUE TO, OR AS A CONSEQUENCE OF								
	Conditions, if any, which	( ,b)	.1402 01							
	gove rise to immediate cause 10%, stating the	DUE TO, OR AS A CONSEQUE	NCE OF							
	underlying cause lost	1010101010101010101010101010101010101010								
		CONDITIONS CONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1:0	11		
	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING [									
	5 190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDIN	GS USED OF DEATH?		
	R T I				YES NO	YES		NO 🗌		
1		- 110110 111 11011711 0	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	RT 1 OR PART 2)			
i	(IF EITHER, NOTIFY MEDICAL EXAMINER		19							
	OR CONTRIBUTING CAUSE OF DE LIFE EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TOW	/N	COUNTY	STATE		
į	WHILE NOT WHILE AT WORK			1						
		ital) attended the deceased from_	21	120 1981		1	195	hot (li (we) ost		
	obove (1) (we) (did) (did no	ot) view the body ofter death.	0 1.0	nd that in (my) (our) apinion (	deoth occurred on the do	ite and hour	ond from the c	ouses stated		
	22b. SIGNATORE	0.		DEGREE	MEDICAL STAT		22c. DATE	SIGNED		
	Fremand	KJollen			MEDICAL STAF	IAN 🗌	19/2	3/1/		
	220 PHYSICIAN'S NAME (TYPE			22e. ADDRESS			,			
	Richard H.			<del></del>	n Ave, Ken	singto	n, Md.	•		
	230 BURIAL, CREMATION, REMOVAL	23b. DATE 23c N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION					

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion should be detached for use as the burial-transit permit. Then please remove carbon papers. P with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician

DHMH - 16 50M 1/76 (VR A 15 (4) )

230 BURIAL, CREMINISPECIFY)
Cremation
24 FUNERAL DIRECTOR
NAME
Claim

Sept 23,1981 Cedar Hill Cremator

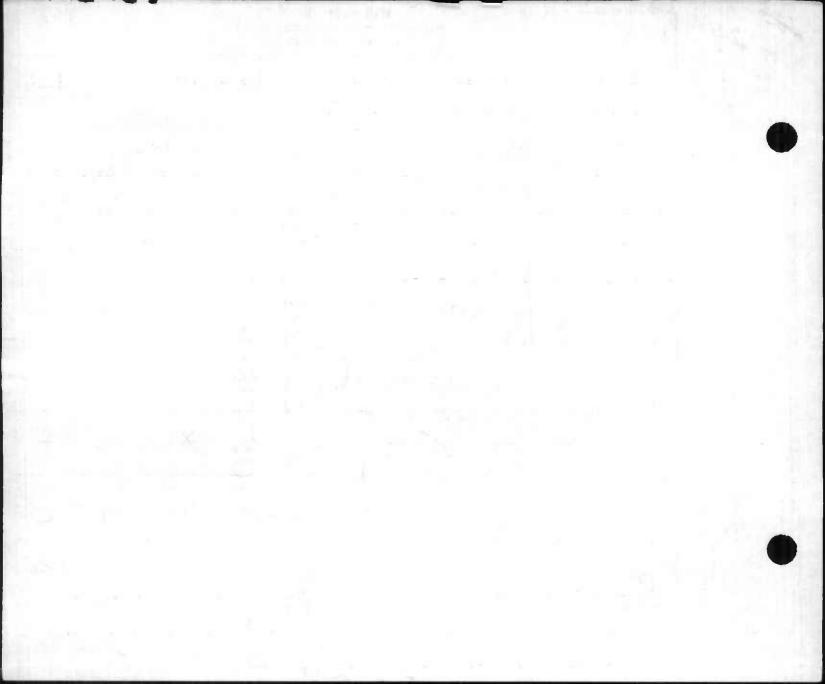
ADDRESS 8655 Georgia 250 DATE R

Suitland, Pr. G.

D. BY REGISTRAR 256. RESISTRAR Pr. George Md Chance

W. W. Chambers Co, Inc., Silver Spring, Md

1981



FOR STATE REGISTRAR	DEPARTM	STATE OF MARTLAND  SENT OF HEALTH AND MENTAL HYG  CERTIFICATE OF DEATH	REG. NO.	9 2 1 4
1. DECEASED NAME FIRST Mary	MWN WIDDIE	DeSTefano	9-12-81	DAY YEAR 26 HOUR
Female	White	S. DATE OF BIRTH  March 1 <sup>AY</sup> 1909	6 AGE (IN YEARS LAST BIRTHDAY) 72 YRS	MONTHS DATS HOURS MIN.
Italy	LISA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgomery	OF DEATH
Takoma Park	1. NAME OF HOSPITAL, NURSING SPECIAL NURSING ACTION ACTION OF THE PROPERTY OF		120 USUAL OCCUPATION THOUSE WEEK TO WORKING LI	126 KIND OF BUSINESS OR INDUSTRY N /A
Marykand George	L	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 7904 Kennewick A	lve
Alfonso Di Roga		Victoria N	larani.	LAST
160 WAS DECEASED EVER IN U.S. ARM	NED FORCES? 16b SOCIAL SECUI WAR OR DATES) 577-68-82	26 Isabel Strawo	derman/Daughter	JULANUAS DUAG
18 CAUSE OF DEATH lEnter only PART I. DEATH WAS CAUSED IMMEDIATE	y one couse per line for (a), (b), and BY: CAUSE (a)	al Lailure	,	APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate cause 101, stating the underlying cause last	DUE TO, OR AS A CONSEQUE    b)	ebetes		
	onditions contributing to d	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 1:0
19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH (	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES NO NO YES YES	S, WERE FINDINGS USED YING CAUSES OF DEATH?
OR CONTRIBUTION CALLES OF DE . T.	216 TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18. F	PART   ORPART 2)
(IF EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FA	RM ETC ) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
27a. I certify that (1) (this hospito saw the deceased alive on obove, (1) (we) (did) (did not)	9-12 195	, 19 7 ond that in (my) (our) opinion of	2. to 9.12. death occurred on the date and hou	19 31, that (II (we) lost rand from the causes stated
22b. SIGNATURE M	Snow or	DEGREE  ATTENDING PHYSICIAN ATTENDING PHYSICIAN ADDRESS	MEDICAL STAFF DIRECTOR   PHYSICIAN	22¢ DATE SIGNED
22d. PHYSICIAN'S NAME (TYPE OR )	SNOW MO		WER AVE SILV	ER SPRING
1 1				
	236 DATE 23c N	AME OF CEMETERY OR CREMATORY Olivet Cemetery	23d LOCATION Washington, D. EREC'D. BY REGISTRAR 25K FEGIST	COUNTY STATE

FOR

may be

death. Page

within 24 haurs after

executed

death certificate be

requires that the

A HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the hospital or attending physician.

FO HOSPITAL

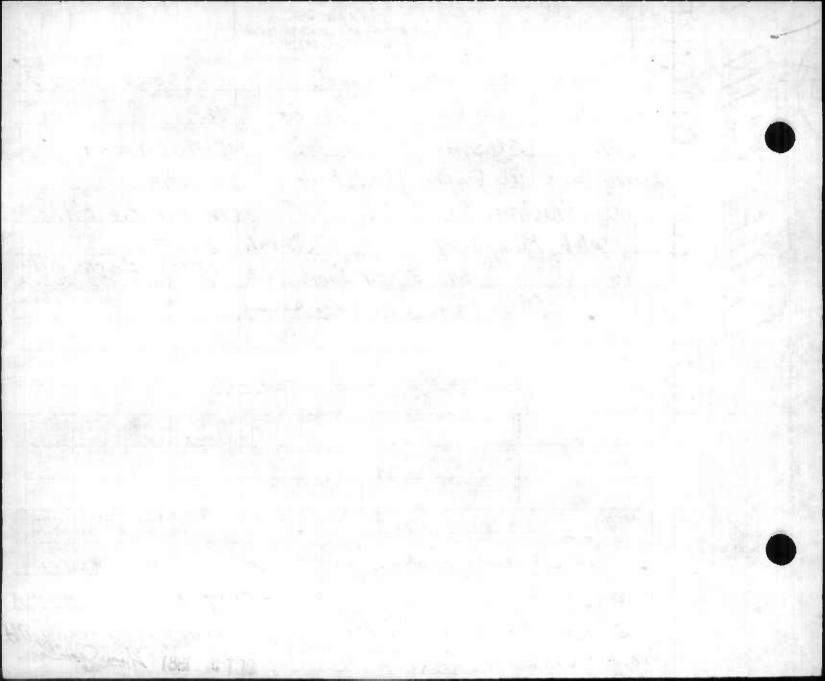
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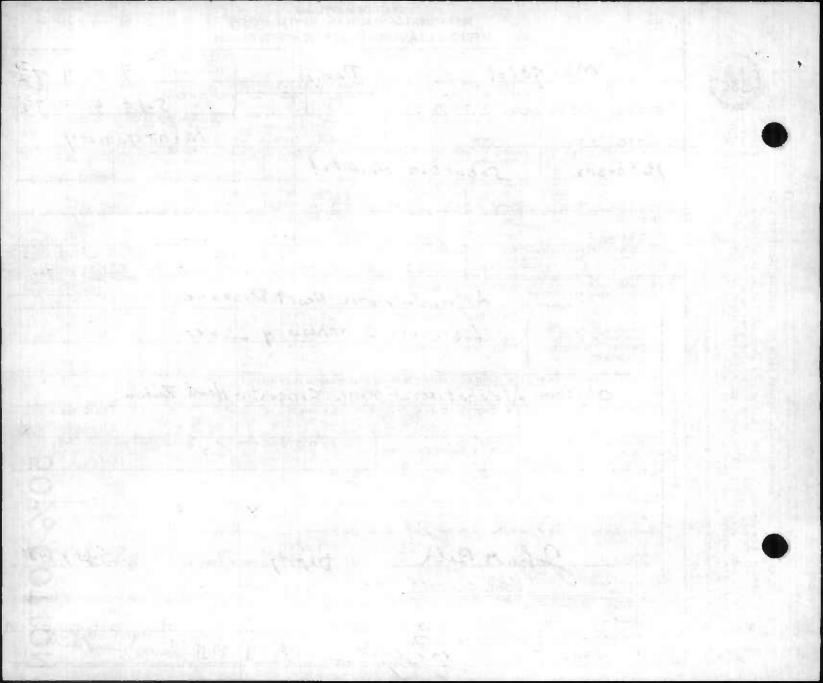
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		• STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO	D.	
		CEASED NAME FIRST	Elizabeth	D 1/1	20 DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
		Mary	7	Levaughn	24	pt. 29,1981	11
	3. SE	x T=== 0/0	Plack	MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRT	MONTHS DAYS	HOURS
		PEMHIE	DIACK	3 39 05	76	YRS	
18		IRTHPLACE (STATE OR FOREIGN COUNTRY)	b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OF	R COUNTY OF DEATH	
11	9	MD	. 4.S. H.	WIDOWED DIVORCED	MONTG	OMERY	
7/	IA	KOMA PAYK	11. NAME OF HOSPITAL NURSII  (IF NOT IN SICH FACILITY LIVE STREET  WAShinglor	NG HOME OR OTHER INSTITUTION INDOMESSI	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF	WORKING LIFE   INDUSTRY	OF BUSINES
35	13a.	AL RESIDENCE (IF NURSING HOME OF ITATE 136 COUN	TY IS CITY OR TOW	READMISSION) VN 4 13d. INSIDE CITY LIMITS?  DYING YES NO	13e STREET ADDRESS	al Pro K	21
	14 F/	ATHER'S NAME	IDOLE / LAST	15 MOTHER'S MAIDEN NA	ME 08	er re n	ai
×50		CAleb F	umphrey	SAM	th Bos	ton	NST
medica		WAS DECEASED EVER IN U.S. ARA YES IND OLUNKNOWN) (IF YES, GIVE	MED FORCES? 166. SOCIAL SECTION (MAR OR DATES) 5/17-05	-7321 SARAH (1)	1/5 1888	Sow MA	2086
the		18 CAUSE OF DEATH (Enter onl	y one couse per line for (o), (b), or	nd (c).		APPRO	XIMATE INTERV
,ent		PART I. DEATH WAS CAUSED	BY:	- of the en		de i wigi	ONSET AND D
e u	8	15-45 IMMEDIATI	CAUSE (o)				
nat		1007	DUE TO, OR AS A CONSEQU	ENCE OF			
JOOL		Conditions, if any, which	(b)				
er t		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF		1 1 1 1 1 1	
t o		underlying couse lost	DOE TO, OK AS A CONSEGU	ENCE OF			
ıry, or	7	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART 1	10
y inju	TION						
2 mows on	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?  YES □ NO 🏋	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH NO [
8 0	CE	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH D	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART   OR PART 2)	
le l	SAL	OR CONTRIBUTING CAUSE OF DEAT	P.M.	19			
5	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOW	vn COUNTY	STA
	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC ) STREET	CITY OR TOW	VN COUNTY	STA
orked							
s marked		220.1 certify that (1) (this hospit		7-12 19.81	10 9 - 2	9 19 51	that (1) (
21 is marked		saw the deceased alive an	9-28 100	, 17	, 10		
tem 21 is marked			9-28 100	, and that in (my) (one opinion	, 10	te and haur and from th	
If them 21 is marked		sow the deceased alive an above, (1) (www) (did not	9-28 100	, and that in (my) (one opinion	death occurred on the do	te and hour and from the	SIGNED
NT: If them 21 is marked		sow the deceased alive an above, (1) (um) (did not 22b. SIGNATURE	view the body ofter death.	DEGREE  ATTENDING PHYSICIAN (	death occurred on the do	te and hour and from the	couses state
RTANT: If them 21 is marked of		sow the deceased alive an above, (1) (www) (did not	view the body ofter death.	DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	MEDICAL STAFI	te and hour and from the	SIGNED
NPORTANT: If Hem 21 is marked of		sow the deceased alive an above, (1) (um) (did not 22b. SIGNATURE	view the body ofter death.	DEGREE  Ond that in (my) (one opinion  DEGREE  ATTENDING PHYSICIAN (1)  22e ADDRESS	MEDICAL STAFI	te and hour and from the	SIGNED
IMPORTANT: If Hem 21 is marked of	230 8	sow the deceosed alive on obove, (I) (we) let did not 22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE OR	view the body ofter death.  PRINT!  PESICIN	DEGREE  Ond that in (my) (one opinion  DEGREE  One opinion	MEDICAL STAFI	te and hour and from the	SIGNED
IMPORTANT: If them 21 is marked of		sow the deceosed alive an obove, (I) (was let be (did not 22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE OR LANGE)	view the body ofter death.  PRINT!  PESICIN	DEGREE  Ond that in (my) (one opinion  DEGREE  ATTENDING PHYSICIAN (1)  22e ADDRESS	MEDICAL STAFI	te and hour and from the	SIGNED
IMPORT		sow the deceosed alive on above, (I) (we like (did not 276. SIGNATURE  276. PHYSICIAN'S NAME (TYPE OR UNITED ACT)  BURIAL, CREMATION, REMOVAL	view the body ofter death.  PRINT!  PESICIN	DEGREE  DATTENDING PHYSICIAN  220 ADDRESS  1108 SP  NAME OF CEMETERY OR CREMATORY  45h Mem. Cem	MEDICAL STAF	FIAN DE SOUNTY	e couses state E SIGNED O(8)

DHMH - 16 50M 1/81 (VRA 15, 4)





campletely filled in by the funeral it and 2 should be filed within 72 l

IMPORTANT: If Hem 21 is morked or Item 18 shaws any injury, ar other traumotic event, the

should be detoched for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior ta burial, cremation,

this certificate has been signed by the

TO FUNERAL DIRECTOR: After retained by the hospital or

	FOR		
-	STATE		
	REGISTRAR		

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	4	2	5

- STATE REGISTRAR			CERTIF	ICATE OF DEATH		REG NO			
I. DECEASED NAME (TYPE OR PRINT)	Norma	M	Dior	io	20 DATE O	pt. 2	, 1981	YEAR	26 HOUR 2:00 A M
3. SEX Female 70 BIRTHPLACE (STATE OF		Cauc.	5 DATE OF MONTH	DAY YEAR	4	YEARS LAST BIRTHI	YRS FUN		IF UNDER 24 HRS
New Yor	k	U.S.A.	MARRIEI		Mo	ntgom	ery		MD
Takoma Pa	A	NAME OF HOSPITAL, NU IF NOT IN SUCH FACILITY GIVE ! ash ington	Advent	ist Hosp	TYPE OF WO	COCCUPATION OF TOP OTHER PORT OTHER PORT OF TOP OTHER PORT OTHER P	WORKING LIFE)	25 KIND O	PBUSINESS OR
USUAL RESIDENCE (IFNI 130 STATE 1ary land	COUNTY P.G.	RINSTITUTION, GIVE RESIDENCE 13c. CITY OR BOW	TOWN	136 INSIDECITY LIMIT	2905	Tall	ow La	ne	
Josep	h	Brun	0	0 lymp		MIDDLE	T	rois	e
160 WAS DECEASED EV [YES, NO OR UNKNOWN]	ER IN U.S. ARMED	OR DATES)	0-3431	Donald D	iorio,	ADDRES	DU	vie Lan	e, Md.
Conditions, if or gave rise to i couse 101, sta underlying cau	mmediote ting the use lost	(c)		13764			ma		
PART 2 OTHER SI		DITIONS CONTRIBUTING			TERMINAL DISEA		20b. IF YES, WE		
THO DATE OF OFFI		The CONDITION FOR THE	men orekano	TO THE OWNER	YES 🗌	NOD	IN CERTIFYING		
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OC	CCURRED (ENTER N	IATURE OF INJURY	IN ITEM 18, PART 1	OR PART 2)	
WHILE NOT AT WORK		21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OI	FFICE, FARM, ETC.)	21f LOCATION STREET		CITY OR TOWN	4	YINUO	STATE
sow the dece obove (1) we	osed olive on	with body ofter death.	19 <u>5.</u> , or	nd that in (my) Jour) op	inion death occur	red on the dot	e and hour and	d from the	1000
22b. SIGNATURE	T.E.	calle	1, MZD		NG MEDICA	L STAFF		Sept	.2,198
Jame	S E. Ca	11an, M.D	•	8830 Car	meron C	t., S	ilver	Spri	ing, Mc

DHMH - 16 60M 1/75 (VRA 15 (4))

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 9/4/1981 231. NAME OF CEMETERY OR CREMATORY St Luth Ch. Cem.

16000 Annapolis Rd., Bowie, Md.

Bowie, P.G., Marylance

Date RECD. By REGISTER 256. REGISTER STATE

1901

tell, 2 . Sept. 2, 1901 F mels Cauc. 1:c. 5, 1937 43 New York - 10.5.2. Telcomp Park Westington Arventist Hospital Homenikes -Maryland R.G. Seris .x .x . 2965 Tillow Lane Joseph Sun Colympia AMERICAN DELICATION TO CONTRACT TO THE LEGISLE ---

Sept, 2, 1981 O mes E. Callan, M.B. Chic Lawren Lt., Silver Laning, Mr.

Justin this is to be come deven, .e., sandland deal frame decree to the come of the come o

	ode	(1)	4
U	VIO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page detained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fune of the should be detached for use as the buriol-transit permit. Then please remove carbompopers. Pages I and 2 should be filed with any with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.	IMPORTANT: If Hem 21 is morked or Hem 18 shaws ony injury, or ather traumotic event, the medical examiner myst be partitled in the medical examiner.
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KTLA	vithia	etely I 2 sh	mine
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O. C.	exect	and c	edico
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KEST	dear	atter nave otion	fraum
3	ot the	by the	ather
, 201	res th	n pleo	y, or
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	regu	en sig The	inju.
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	OSP!	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicis should be detached for use as the buriol-transit permit. Then please remove carbonpoper with the State Dept. of Health and Mental Hygiene priar ta bural, cremation, ar remaval.	DRTAI
21	TO HOSPITAL OR ATTENDING PHYSICIAN: The Lefoined by the hospital or attending physician.	Chi w	IMP

Richard Holt, MD

23b. DATE

9-20-1981

, Silver Spring, Md. 20910

230. BURIAL, CREMATION, REMOVAL

Burial

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH MONTH DECEASED NAME FIRST MIDDLE 2h HOUR Ida Dlott Sept ember 19, 1981 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) May 25 1898 HOURS Female Caucasian 83 BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) Ukraine USA Montgomerv IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 2018 Franwall Ave Wheaton Housewife Homve USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVERESIDENCE BEFORE ADMISSION)
130. STATE
13b. COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Maryland Monty Wheaton 2018 Franwall Ave 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME LAST Bell Tillie Israel n/a Zinkowsky 166 SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES, GIVE WAR OR DATES) 301-09-0374 Louise Cohen No None see 13e 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF

Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	(b) DUE TO, OR AS A CONSEQUENCE OF				
PART 2 OTHER SIGNIFICANT CON	iditions <u>contributing to death</u> but	NOT RELATED TO THE TERMIN	nal disease or cont	DITION GIVEN IN PART	1101
190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b IF YES, WERE FIND IN CERTIFYING CAUS	
			YES NO	YES	NO 🗌
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21¢ HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2	)
21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOW	'N COUNTY	STATE
22a.   certify that (1) (this hospital) sow the deceased aliveran above, (1) (we) (did) (did not) vi	ottended the deceased from UFY EPTEMBET 19 8 on ew the body after death.	d that in (my) (our) opinion de	to SEPT	9 . 1 V S to the ond hour ond from the	e, that (I) (ye) he couses stated

23c. NAME OF CEMETERY OR CREMATORY

Beth El Cemetery

24 FUNERAL DIRECTOR. W. Chambers Coadde 655 Georgia Ave 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

ATTENDING

Washington, D.C.

DIRECTOR PHYSICIAN

23d. LOCATION

Paramus,

Georgetown University Hospital

22c. DATE SIGNED

Bergen, New Jerse

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

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Pe Pe	ITYPE	Noris	ne	G.	Don	nelly		928	630 A
m man	3 SE	<b>K</b>	4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIR		
ige 4	Fe	emale	Chuc	Maisa	JAN	m . IC.C.O	92	YRS.	DAYS HOURS MIN
dir.	7e. BI	RTHPLACE (STATE OR FOREIGN		F WHAT COUNTRY?	1	D NEVER MARRIED	9 BALTIMORE CITY		TH .
72 t	N	P.W. York	u.	P.2	WIDOWE		- A	omeny	MC
within within	10 C	TY OR TOWN OF DEATH			NG HOME C	ROTHER INSTITUTION	120 USUAL OCCUPA	ION 126. KI	ND OF BUSINESS OR
3 (2//	S	Wens Spring	C NOT IN S	LICH FACILITY, GIVE STREET		ing Home	HOUSELY		en Hom
e filed	USU	AL RESIDENCE IN NURSING HOME CONTAINE THE	OR OTHER INSTITUTION	H, GIVE RESIDENCE BEFOR	E ADMISSION	T. Control of the con			11011
and be	14			136 CITY OR TOV	Can	YES NO P	2-15 Ensi	- West 1	LINE
shour		THERS NAME	0		-	15 MOTHER'S MAIDEN N	AME		1
and 2		UNK U	WIDDLE	NOON	h = 1	HANNAL	MIDDLE	Rile	LAST
0- 6 /		VAS DECEASED EVER IN U.S. A	RMED FORCES			17 INFORMANT	ADDR	ESS 232 MA	Now Cin
ages the r	P		VE WAR OR DATES	071-25	-6924	Beuce M. D.		COMA PK,	
ers. P		18 CAUSE OF DEATH (Enter of				Deace 1-1, oc	124		WEEN ONSET AND DEATH
pape mov ic ev	213	PART I. DEATH WAS CAUS	ED BY:	Alzhe		's Diseas	е.		20urs
bon or re		33/n IMMEDIA	ATE CAUSE (o)_			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			20913
car ion, trau		Canditions, if any, which	DUE TO,	OR AS A CONSEQU	ENCE OF				•
mat		gove rise to immediate	(b) <sub>w</sub>						
or o		couse (a), stating the underlying cause lost	DUE TO,	OR AS A CONSEOU	ENCE OF				
pleas ouria jury,		PART 2 OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PA	RT 1(a)
hen r to b	Z								
prior	CERTIFICATION	190 DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FI	
perm jene s sho	Ĭ.						YES NO	YES	NO [
Hyg H	3	210. ACCIDENT WAS UNDERLYING		OF INJURY	VEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJE	RY IN ITEM 18, PART 1 OR PAI	RT 2
al-trans ental H or (tem	4	OR CONTRIBUTING CAUSE OF DE	EATH	A.M. MONTH D	AY YEAR	1			
	MEDICAL	214 INJURY OCCURRED	21e PLAC	E OF INJURY		211 LOCATION		and the same	
the burn	Z	WHILE NOT WHILE AT WORK	AT HOME,	STREET, FACTORY, OFFICE,	FARM, ETC.)	STREET	CITY OR TO	WN COUNT	Y STATE
e as ealth		22a.1 certify that (1) (this hay	ital) attended	the deceased from	. 1	10 19 76	, to	1/2 19 8	that (1) (we) lost
of H		sow the deceased alive a	n	8/29 19	<i>V</i> /	nd that in (my) tour) opinio	n death occurred on the	ote and hour and from	m the couses stated
HRE ed for		obove, (Mass) (did) (did n	or) yiew the bac	dy offer death.		DEGREE		22c. (	DATE SIGNED
tach re De		TAXALLX	10KI Ou	BULM	N	ATTENDING	MEDICAL STA	FF TIAN [	
be del		224 PHYLICIAN'S NAME THE	GEPRINT!		11	77. ADDRESS	PHISH		11
ould be th the	111	KALRIL 9.	ENVIN	14NN		8630 FraiTA	N/ ST SILVS	R SPPIAL	6 MD
0 ± 0 #		111-11		////V/V		0000 10101	V 01. 012-16	1 -1 -1/1	41 , 101

FOR - STATE

DHMH-16 25M (VRA 15, 4) 1/79 REGISTRAR

DECEASED NAME

Sept 4 1981 L.I. Natil Cemetery

ADDRESS 8608- GA, Dre 250. DATE RI
28 Silven Spa, Md SEP CITY OR TOWN BY REGISTRAR 251 REGISTRAR'S SIGNATURE ham Bens

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO.

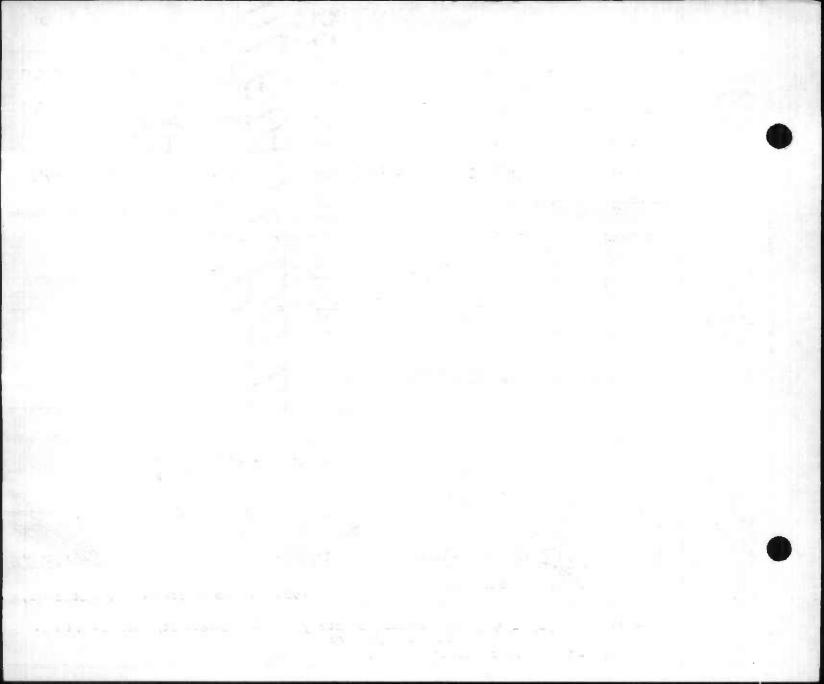
OWN Home

that (1) (we) lost

STATE

20. DATE OF DEATH

A CONTRACTOR OF THE PROPERTY O



STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIEN	
CERTIFICATE OF DEATH	

2

HYATTSVILLE,

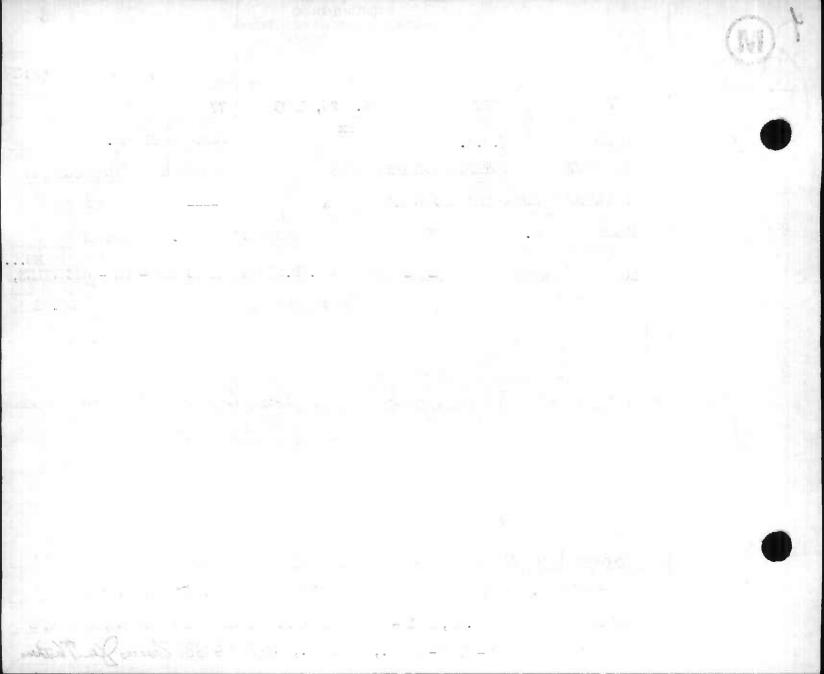
250. DATE REC'D. BY REGISTRAR 256 REGISTRA
PCSEP 1 4 1981 Charas

MARYLAND

	1 -	FOR STATE REGISTRAR	DEPART		HEALTH AND MENTAL HYG FICATE OF DEATH	REG.	NO.	4 6	, 0
		CEASED NAME FIRST EAR	LE MIDDLE	DUI	PEE	20 DATE OF DEATH	MONTH 8, 19	DAY YEAR 981	10:20
	3. SE)	MALE	WHITE	5 DATE O	DF BIRTH 25, 1903	6 AGE (INTEARS LAST B	YRS		IF UNDER 24 HRS HOURS MIN.
7	CC	RTHPLACE (STATE OR FOREIGN DUNTRY) MAINE	76 CITIZEN OF WHAT COUNTRY	MARRIE WIDOW		9 BALTIMORE CITY MONTGO	MERY	CO.	MD.
à		TY OR TOWN OF DEATH ROCKVILLE	NATIONALY TUTE	IERAN	HOME	126. USUAL OCCUPA (TYPE OF WORK FOR MOS) GARDEN		LIFE) INDUSTRY	CAPING
5	13a. S	TAMARYLAND 136 990	NTGOMERY 13ROCKVII)	RE ADMISSION	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	GAI	LE AVENU	E
1	14 FA	FRANK O	MIDDLE DUPEE		15 MOTHER'S MAIDEN NA		,	MORGAN LAS	ST
		VAS DECEASED EVER IN U.S. AF (IF YES, GIV NO NO	/E WAR OR DATES)		17 INFORMANT REV.DR.RICH	ADD		NLH- RO	MD CKVTLLE
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEOU  DUE TO, OR AS A CONSEOU  DUE TO, OR AS A CONSEOU  (c)  CONDITIONS CONTRIBUTING TO	JENCE OF	I NOT RELATED TO THE TERM	AINAI DISFASF OR CO	NDITION G		ONTHS
)	MEDICAL CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	el e	neepholom on was performed	200 AUTOPSY2 YES NO	20b. IF Y IN CERT	E LOS TES, WERE FIND IN TIFYING CAUSES YES	NGS USED
	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER, NOTIFY MEDICAL EXAMINER 210. INJURY OCCURRED  WHILE ATWORK ATWORK	AIII	DAY YEAR 19 , FARM, ETC.)	21c. HOW INJURY OCCUR!	RED (ENTER NATURE OF IN.		COUNTY	STATE
		sow the deceased alive or above, (I) (we) (did) (did no 27b. SIGNATURE	ot) view the body ofter death.  -W-Carry	8/2	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN		ΔFF		
		Harold F.			3355 16	th St.NW	Was	a. dc	
	23a B	urial, cremation, removal BURI AL			RGE WASH. CEME	23d LOCATION CITY OR TOWN TERY HYA	TTSVI	LLE, MAR	RYLAND

14 FUNERAL DIRECTOR
HYSONG FUNERAL HOME - 1300 ST., NW WASH.,

DHMH - 16 50M 1/76 (VR A 15 (4))



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2	2	

FOR

### STATE OF MARYLAND DEP

		. 01 111				. 4
ARTMENT	OF H	EALTH	AND	MENTAL	HYGIENE	8
CE	RTIF	ICATE	OF	DEATH		

2	4	2	1	9

	- STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. I	NO.	
	ECEASED NAME FIRST	WIDDLE	1	LAST	20. DATE OF DEATH		20 1100K
	Jeremia			urnin		9-26-8	1 203p
3. SE	Male	Caucasian	NOV .	5, DAY 189 TAR	6 AGE (IN YEARS LAST B	MONINS D	YEAR IF UNDER 21 HR
70. B	BIRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY?	8			OR COUNTY OF DEATH	Н
	COUNTRY) _	United States	MARRIE	D NEVER MARRIED D	74	ery Count	
K e	ensington	11. NAME OF HOSPITAL, NURSIN	NG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST Salesman	TION 126 KIN	ND OF BUSINESS O
13a. Ma	aryland Mont	gomery Rockvi	/N	13d. INSIDE CITY LIMITS? YES NO 1	130. STREET ADDRESS		ive
		ailable LAST		No t	MIDDLE	availab	1e
160 \	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECU (F WAR OR DATES) 018-18	JRITY NO. -8878	Marian H.	ter in 191 Talbert	Rockville	rattona,
	gave rise to immediate couse to, stating the underlying cause lost  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE		NOT RELATED TO THE TERM	NINAL DISEASE OR COI	NDITION GIVEN IN PAR	Tho
NO NO	1.00	den	sell	Ex: 1 1001	apres:		
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO X	206. IF YES, WERE FIN IN CERTIFYING CAU YES	
EDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR	21c. HOW INJURY OCCUR		URY IN ITEM 18 PART 1 OR PART	[2]
MEDI	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F	ARM ETC )	21f LOCATION STREET	CITY OR T	OWN COUNTY	STATE
	220-1 certify that ()) (this haspi site the described along an above, () (we had a did no 27h SIGNATURE	tol) attended the discessed from 19			MEDICAL STA	AFF CIAN D	ATE SIGNED 7/26/8/
	BARRY N	ROSENBAU	ry	22e ADDRESS 37Z	O FARRINGTO	TGOT AL	E. 20895
	BURIAL, CREMATION, REMOVAL	23b. DASept. 23c.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely full dam by the should be detached for use as the burial-transit permit. Then please remove carbon papers: Pages 1 and 2 should be tilted with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any

ATTENDING PHYSICIAN: The tow requires that the death

retained by the hospital or attending physician.

Buriar

30,1981 St. John's Cemetery Worcester, Massachusetts
ROBERT A PUMPHREY FUNEFAL
A.ROCKVILLE, AMRYLAND

SEP301981 Farmes County

SEP301981 FARMES CO

569 3 0 1881 Same De Mitte

injury, or other froumotic event, the

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows any

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the

retained by the hospital or attending physician.

6	7	5
RESTON ST., BALTIMORE, MARYLAND 21201	deoth certificate be executed within 24 hours ofter deoth. Page 4	altending physician and completely fulled in by the funeral director, trage 3 nove corbanpapers. Pages 1 and 2 should be filled within 72 hours after attenti
EST	deo	offe

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

4.2

1.	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG	REG. NO	<i>L</i> .	4 6	6 0
	CEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH	HINOM	DAY YEAR	2b. HOUR
(ITPE	Georg	e	H.	Eck	er	Septembe	r 9,	1981	2:02PM
3 SE	Male	4. RACE Whit	е	5 DATE O	H DAY YEAR	6 AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	
Ø 0. B	IRTHPLACE ISTATE OR FOREIGN OUNTRY) Maryland	75 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED	9 BALTIMORE CITY O Montgom	_	TY OF DEATH	MD.
	olney	Mont	ch facility, give street a	ener	al Hospital	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O Road wor	FWORKING	LIFE) INDUSTRY	of Business or Inty
130 M		or other institution UNITY tgomery	Damascus	4	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 27509 C1	arksl	ourg Rd.	
	ATHER'S NAME David	WIDDLE	Ecker Ecker		15 MOTHER'S MAIDEN NA/ FIRST  Lena	WIDDLE		Taulto	NST (Y
160 \		ARMED FORCES? GIVE WAR OR DATES) .W. 2	579-12-		Grace M. E.	cker, Item			XIMATE INTERVAL
	PART I. DEATH WAS CAU IMMEDI Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause lost.	DUE TO, C	RESPIRA  OR AS A CONSEQUE  OR AS A CONSEQUE	NCE OF	OF LOWER			9 4	onths.
NO	PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION G	IVEN IN PART 1	10
CERTIFICATION	190 DATE OF OPERATION		ITION FOR WHICH	OPERATIO	N WAS PERFORMED	206 AUTOPSY? YES NO	IN CERT	ES, WERE FIND FIFYING CAUSE YES [	INGS USED S OF DEATH? NO [
MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C (IF EITHER, NOTIFY MEDICAL EXAMINI 21d IN JURY OCCURRED  WHILE AT WORK AT WORK	DEATH HOUR A	OF INJURY  .M. MONTH DA  .M.  OF INJURY  (REET, FACTORY, OFFICE, FA	19	216. HOW INJURY OCCURE 216 LOCATION STREET	CITY OR TOW		S, PART 1 OR PART 2)  COUNTY	STATE
	220.1 certify that (I) (this has saw the deceased olive a abave, (I) (we) (did) (did)	on SEPT	9, 19 8		nd that in (my) (aur) apinion (	, to <b>SEPT</b> death occurred an the do	ate and he		that (I) (we) lost couses stoted
	22b. SIGNATURE	P. 35	James	3		MEDICAL STAF		SEP.	1
	EUGENE P	- FLA	NNERY		220 ADDRESS \S\\\	NEY, MD.		832.	

DHMH - 16 60M 1/75

(VR A 15 (4))

230 BURIAL, CREMATION, REMOVAL Sept.11,1981

23c NAME OF CEMETERY OR CREMATORY Pine Grove

STATE

23d LOCATION
CITY OF TOWN
Mt. Airy, Carroll, M
REC'D. BY REGISTRAR'S SIGNATURE
14198

250 DATE REC'D

Molesworth, P.A., Damascus, Md.

p.Dr.-901. 2, 1920 . no promiser work as a represent the contract of Henry desert from the Long 

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' '	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	
I. DE	CEASED NAME FIRST	MIDDLE	1	AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
TYPE	EORPRINT) HOLD	to Condend	F1	1: H	9.	7 719 81 750 1
2.65	1.50	Secord IA RACE	10000	10 //	6 AGE (IN YEARS LAST BIRTHDAY)	UNDER 1 YEAR IF UNDER 24 HRS
3. SE	X	A RACE	5. DATE C		AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
		Cav	12	10 1877	103 YRS	
	IRTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8	D NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH
	(anala	0.5.		DIVORCED [	Monto	GMELV MI
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME		120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
1	On kuille.	(IF NOT IN SUCH FACILITY, GIVE STR	REET ADDRESS)	/	(TYPE OF WORK FOR MOST OF WORKING	1
050	AL RESIDENCE LIE NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BE	FORE ADMISSIONI	Nursing Home	Housewife	Ayl - Home
13a:	214 / 1 10	OR OTHER INSTITUTION, GIVE RESIDENCE BEI	OWN		13e STREET ADDRESS	
1		n Tannay Poton	nec	YES NO		wric Cour T
14. F.	ATHER'S NAME	MIDDLE LAST	1	15 MOTHER'S MAIDEN NAM	ME "	TZAI
	trank	Seco	rd	Po Anna Den		(Unknown)
	WAS DECEASED EVER IN U.S. A		CURITY NO.	17 HAFORMANT		rie Court
1	The second secon	lone Non	2 . 1. 1 . 1.	A 2 5000	Land American Control of the Control	Ma ryland ham
-				Perry L. Denn	TS POLOMAC	APPROXIMATE INTERVAL BETWEEN ONSET AND PEATLY
100	PART I. DE ATH WAS CAUS	only one cause per line for (a) (b), SED BY:	and fc!	Muiti	Mark Nich	BETWEEN ONSET AND PLATIN
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	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	THEN CE OF	( / 1		
	underlying cause last.	(c)		11/6/1	1	//
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0	OR CONTRIBUTING CAUSE OF D		DAY YEAR	ZIL HOW INJURY OCCURR	RED JEHTER HATURE OF INJURY IN ITEM 1	8, PART 1 OR PART 2)
5	(IF EITHER, NOTIFY MEDICAL EXAMINE	R) P.M.	19			
9	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	CE. FARM. ETC.)	211 LOCATION	CITY OF TOWN	COUNTY STATE
2	AT WORK AT WORK	7		1 0	1/.	01
	22x1 certify that (1) (this hos	pital) attended the deceased from	n / 2	/ /19	_, to	, 19 (1) (we) los
10	saw the deceased alive a		5/,01	that in (my) (au apinion o	death accurred on the date and h	our and from the causes stated
	72h_SiGNATURE	not viewable body after death	0/	DEIGREE		122C DAJE SIGNEDO
-	Man	111111	M	ATTENDING	MEDICAL STAFF	19/21/
	/////	MAN	-//	PHYSICIAN Z	DIRECTOR PHYSICIAN	1/1/01
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	Thos 6.	WARD, 4	1110	mouning	1) allie	all, y
230	BURIAL, CREMATION, REMOVA	AL 236 DATE 23	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	cours.
	Gremation '	9/29/81 M	etropo	litan Cremator	Alexandria	virginia
24 F		n Wheeler Funers				IS THAR'S SIGNATURE
		Pike Rockville.			30 1981 Chance	Jan Tarthe
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1331 Rockville Pike Rockville, Marylahd

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IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely failed in by the United Enter the Analysis permit. Then please remove carbon papers: Topic and 2 should be filled within 72 hourself the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

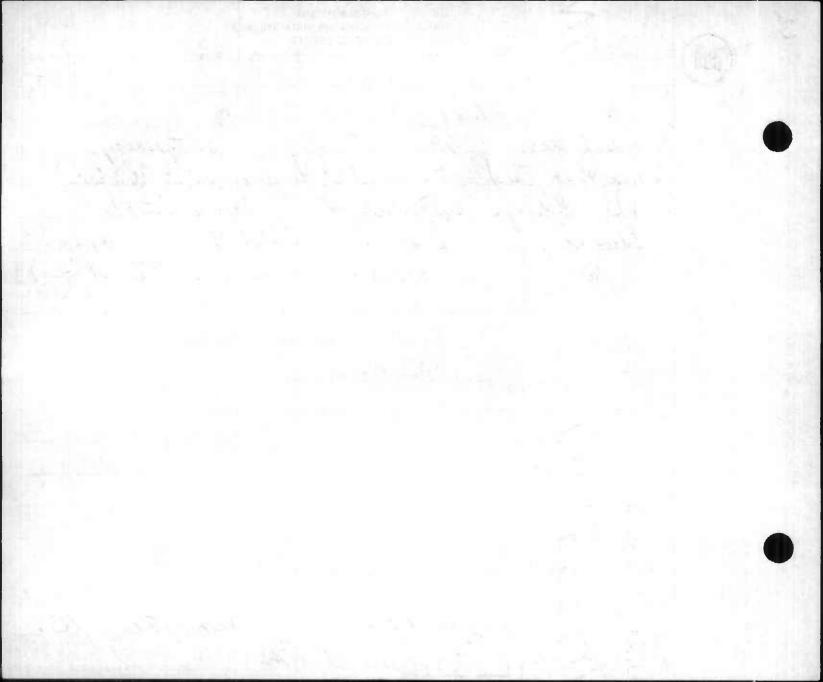
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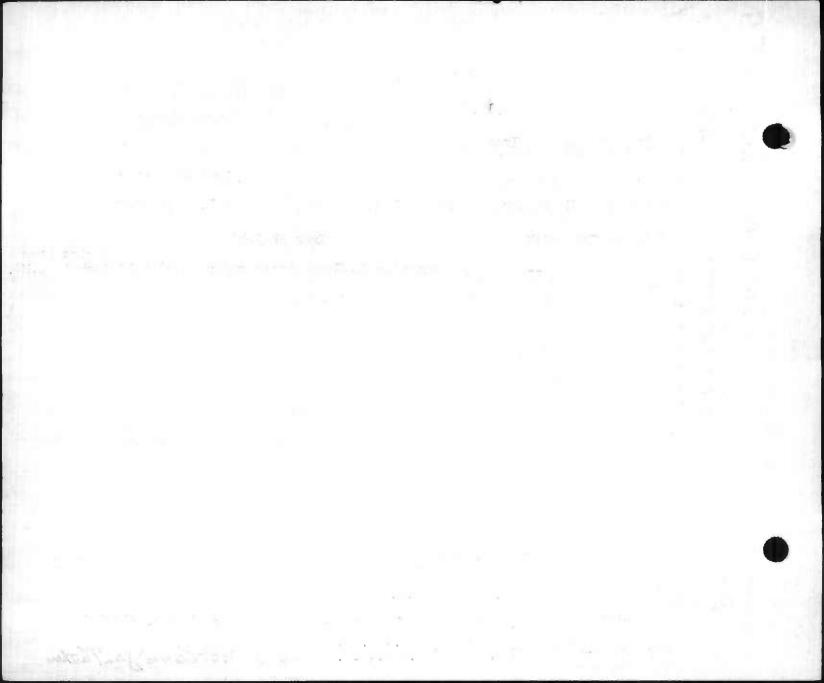
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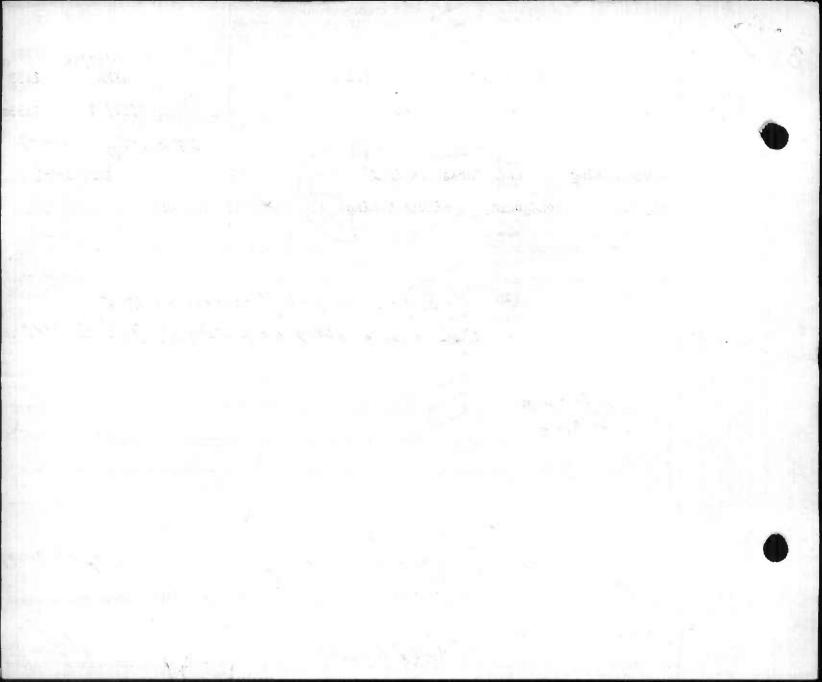
STATE OF MARYLAND 2 DEPARTMENT OF HEALTH AND MENTAL HYGIENES
CERTIFICATE OF DEATH

	POLICY POLICY STREET			REG. N	
	CEASED NAME (1931	MIDDLE	C IAST	2a. DATE OF DEATH	MONTH DAY YEAR 26 HOU
	Elmer	C =.	Evans		9 14 81 19
3. SE	× muli	RACE ON DIL	S. DATE OF BIRTH	6. AGE (POPLARS LAST BE	IF UNDER LYEAR IF UNDER
_	Male	Akite.	Jan. 16 - 188	1 100	YRS
10	COUNTY!	E CITIZEN OF WHAT COUNTR	MARRIED WIEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH
Ou	inderlased-IKL	11.5H	WIDOWED DIVORCED	1 Mari	Transery
11/	DE TOWN OF DEATH L	1. MAME OF HOSPITAL NURS	SING HOME OR OTHER INSTITUTION	124 USUAL OCCUPAT	ON 12 KIND OF BUSINE.
de	Soma Park	nashing low	assecured star	D. Mechenis	I Vetired
Tia i	Md. P. Her	roe fluit	WE TO NO []	6423-61	liet Pl.
LE FA	ATHERS NAME	1	15 MOTHER'S MAIDS	JAME / */ MODIT	0
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	183, MG OR LIMITION OF THE VES. GAVE		-5781 H Wer	con 6.64	rue Otife
	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	one couse per line for (a), (b),	andici / Th	- 1	BETWEEN CHANT AND
	IMMEDIATE	1 411000	Two Heart Jail	ure	
	3/33	DUE TO, OR AS A CONSEC		1.0 +	<
	Conditions, if any, which gove rise to immediate	( 1b) TOCE	ible my ocardi	n Infarella	4
	couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEC	DUENCEJOF		
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7			O DEATH BUT NOT RELATED TO THE	ERMINAL DISEASE OR CON	DITION GIVEN IN PART 110
TION	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE T		
FICATION		ONDITIONS CONTRIBUTING TO		ERMINAL DISEASE OR CON	IDITION GIVEN IN PART 1100
RTIFICATION	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE T	200 AUTOPSY?  YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
L CERTIFICATION	PART 2 OTHER SIGNIFICANT CO	196 CONDITION FOR WHICE	O DEATH BUT NOT RELATED TO THE TO CH OPERATION WAS PERFORMED  21c HOW INJURY OC	20e AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME Helen M. 2b HOUR Fazenbaker 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY IF UNDER I YEAR TO BIRTHPLACE TO CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED COUNTR WIDOWED DIVORCED Montgomery OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF "IMPY END MOST OF WORKING "E) INDUSTRY Hospital HOUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Montgomery Maryland Kensington 10810 Stella Court YES X NO [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Samuel Rexrode Byrd Mary 4815 Buffalo Road 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT No 236-03-2463 Joan Stoneberger, Mt. Airy, Maryland 18 CAUSE OF DEATH (Enter only one couse per line for (0), b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 Conditions, if ony, which gove rise to immediate couse (o), stoting OK AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from

4 1981 sow the deceased alive on. and that in (my) apinion death occurred on the date and hour and fram the causes stated (did not) view the bady ofter death. DEGREE 22c DATE SIGNED

ATTENDING

PHYSICIAN

22d PHYSICIAN'S NAME ITTE 22e ADDRESS

George F. Sengstack

9241 Columbia Blvd., Silver Spring, Md.

MEDICAL DIRECTOR | PHYSICIAN

23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY CITY OR TOWN Burial Norbeck Memorial Park Norbeck Monta 24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 5130 Wisconsin Ave., NW. Wash., D.C. 20016

DHMH - 16 50M 1/81 (VRA 15, 4)

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physician and campletely filled in by the appares. Pages 1 and 2 should be filed with

attending physician

MPORTANT: If Item 21 is marked at Item 18 shaws any injury, at other traumatic event, the

FOR

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

	-	REGISTRAR		CERTIFICA	TE OF DEATH	1	REG. NO	).		
		COLETT	IA M. FI	DLER	2	2	a. DATE OF DEATH	9-2Z	-81	26 HOUR
	3. SEX	Pemilae	RACE White	5. DATE OF BIR Dec.	13 19		AGE (IN YEARS LAST BIRT		JNDER LYEAR	IF UNGER 74 HRS
7	C	ophington, DC	CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIEI		MON-	COUNTY OF		/ MD.
5	BL	Y OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET SUBURBAN		HER INSTITUTIO	- (	20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF Lairdress	WORKING LIFE)		Salon
2	Mar Mar	yland Monto		Spring		_		towne	Way,	
C	5	Sylvister	Quattroci	Locchi	AOTHER'S MAIDE Ann	ie	WIDDLE		Tiñ	
		AS DECEASED EVER IN U.S. ARME	1222400000				hter) ADDRE n Winalsk			erside ., Va.
		Canditions, if any, which gave rise to immediate cause ial, stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  NOITIONS CONTRIBUTING TO E	ENCE OF	RELATED TO THI	e termin	al disease or cond	ITION GIVEN	IN PART 110	2
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WA	SPERFORMED		200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	IG CAUSES	
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		WHILE ATWORK  22a.I certify that (I) (this haspital saw the deceased alive an abave, (I) (we) (did) (did nation	4-22 19			pinian dec	taa oth accurred on the do	19. te and havi ar	nd from the	
		22d. PHYSICIAN'S NAME (THE OR P)	ma (	21 DEGR	ATTEND PHYSICI ADDRESS	ING IAN	MEDICAL STAF		22c. DATE	SIGNED
		V-CUD	E GUZMA	NNO	1-2	34	1900		WAS	& DC

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remave carban paper with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remaval. retained by the haspital or attending physician.

OR ATTENDING PHYSICIAN The low

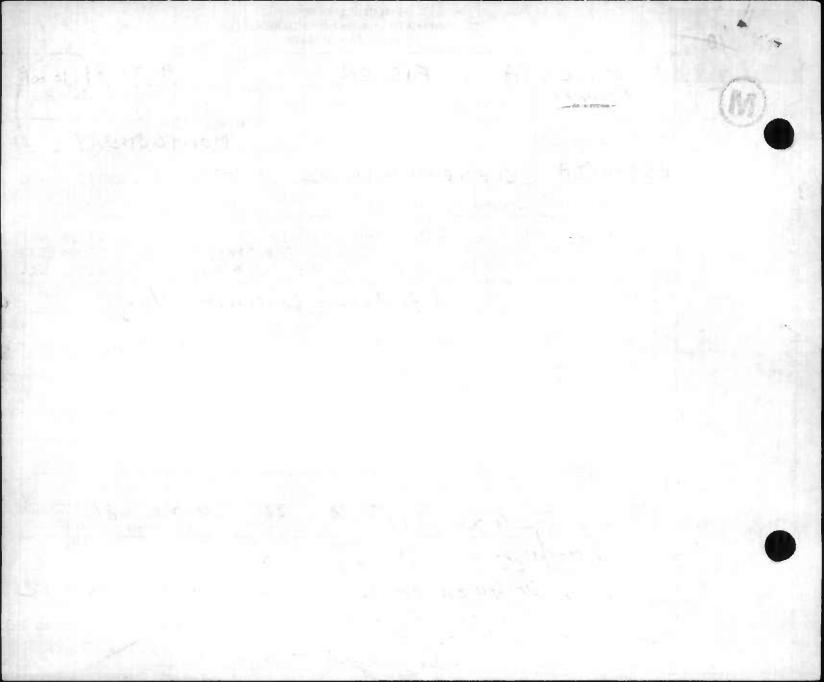
DHMH - 16 50M 1/81 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY Burial 9-25-1981

MASH

234 NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery 23d LOCATION
CAT OF TOWN
Suit Part of the County Georges Md

Warner E. Pumphrey, Inc. 8434 Ga. Ave., S.S. Md.



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nding physician and campletely filled in by the corbangapers. Pages 1 and 2 should be filed wif

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTIF	FICATE OF DEATH	REG. N	0.		
DECEASED NAME FIRS	51	MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
Pa	au1	J. FI	EDORC	WICZ	September	18	1981	11:09A
SEX	4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIR	THOAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
Male	Caucas	sian	Feb	5. 28 1956	25	YRS	MONTHS DAYS	HOURS MIN
BIRTHPLACE (STATE OF FOREIGN COUNTRY) New York		F WHAT COUNTRY?	8 MARRIE	D NEVERMARRIED K	9 BALTIMORE CITY O	R COUN	TY OF DEATH	37.00
	USA		WIDOWI			-		M
CITY OR TOWN OF DEATH Bethesda	Natio	onal Naval	ADDRESS) Medi	cal Center	12ª USUAL OCCUPATION OF COMMENT OF THE PROPERTY OF THE PROPERT	on Fworking I <b>rine</b>	LIFE INDUSTRY Corps	OF BUSINESS OF
	omfor other institutio COUNTY ennepin	13c. CITY OR TOW Blooming	'N	13d INSIDE CITY LIMITS? YES \$\int \text{NO}  \text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tint{\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\text{\text{\text{\texi{\text{\text{\texi\texi{\text{\text{\text{\text{\texit{\text{\text{\text{\texi}\texit{\texi{\text{\tex{	13e STREET ADDRESS 6956 West	84t	h Street	
FATHER'S NAME	WIDDLE	1451		15 MOTHER'S MAIDEN NA	_			
Henry	MIDDLE	Fiedorowi	cz	Loretta	Audrev		Herrma	
WAS DECEASED EVER IN U.		166 SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDRE		110221110	
Yes no or unknown) (IF YI	ES, GIVE WAR OR DATES)	253 02	5660	Mrs. Loretta	Allen See	ite	m 13	
18 CAUSE OF DEATH (Ent	ter only one couse of	er line for (a), (b), an	dieli					MATE INTERVAL ONSET AND DEATH
gove rise to immediate couse to stating the underlying couse los	he DUE TO.	or as a conseque						
PART 2 OTHER SIGNIFICA				NOT RELATED TO THE TERM	AIN AL DISEASE OR CON	DITION G	IVEN IN PART 1	0
19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYIN	19b CONI	DITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDIN	
210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ( 119 EITHER NOTIFY MEDICAL EXA 21d INJURY OCCURRED	OF DEATH HOUR	OF INJURY A.M. MONTH DI P.M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM IE	PART I OR PART 2)	
21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	CAT HOME S	E OF INJURY STREET, FACTORY, OFFICE F	ARM ETC	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
22a.1 certify that (a) (this sow the deceased alignment of the deceased alignment of the deceased alignment of the deceased alignment of the decease of the	hospital) attended t	18 19	Aug.	nd that in (ny) (our) opinion	to Sept.	18 ote and ha		that h (we) los causes stated
27h Signal	hu	no	`	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAI		9/1	SIGNED
32d PHYSIGIAN'S NAME	W now	110	rie to	National Na	val Medical	Cen	ter, Bet	hesda,

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove corban paper with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

attending physicio

ATTENDING

njury, ar ather troumotic

marked or Item 18 shows any

IMPORTANT: If Item 21 is

24 FUNERAL DIRECTOR W. W. CHAMBERS CO.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

236 DATE 9-23-81

Silver Spring, Md.

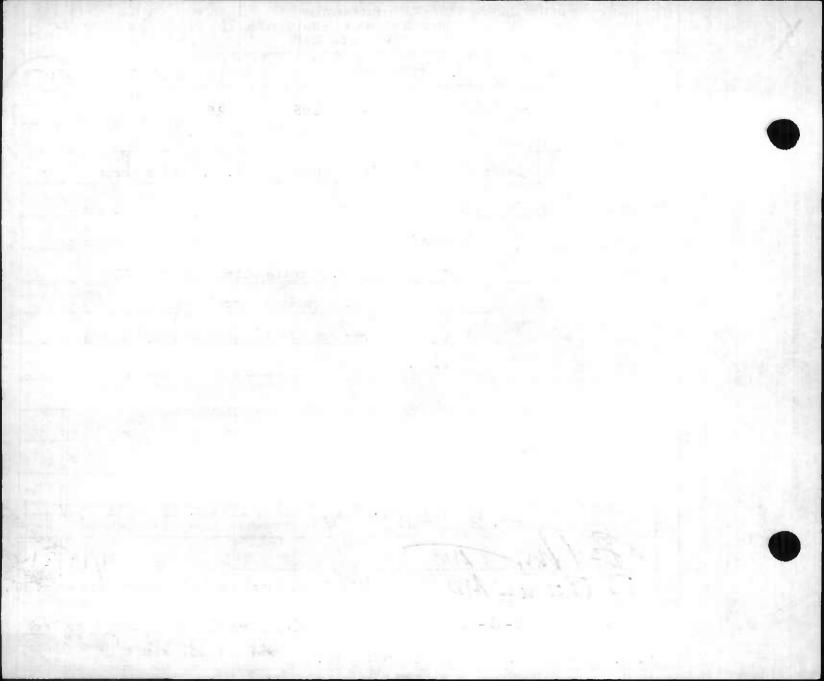
Long Island

231 NAME OF CEMETERY OR CREMATORY

R CREMATORY 23d LOCATION
CITY OF TOWN

National Farmingdale Nassau

New York



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH 26. HOUR IF UNDER I YEAR

9 BALTIMORE CITY OR COUNTY OF DEATH

Montgomery

12b. KIND OF BUSINESS OR INDUSTRY Dress Shop

6121 Montrose Road

Rudolph

Garthersburg, Md.

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 119

N CERTIFYING CAUSES OF DEATH? NO [

COUNTY

and that in (my) (art) apinian death accurred on the date and haur and from the causes stated

22c. DATE SIGNED

STATE

STATE

Burial

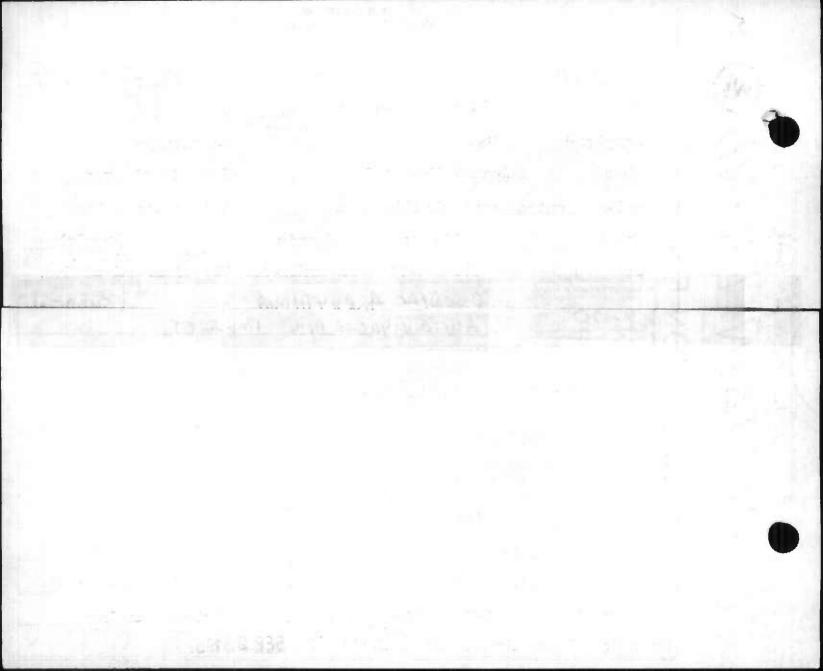
- STATE

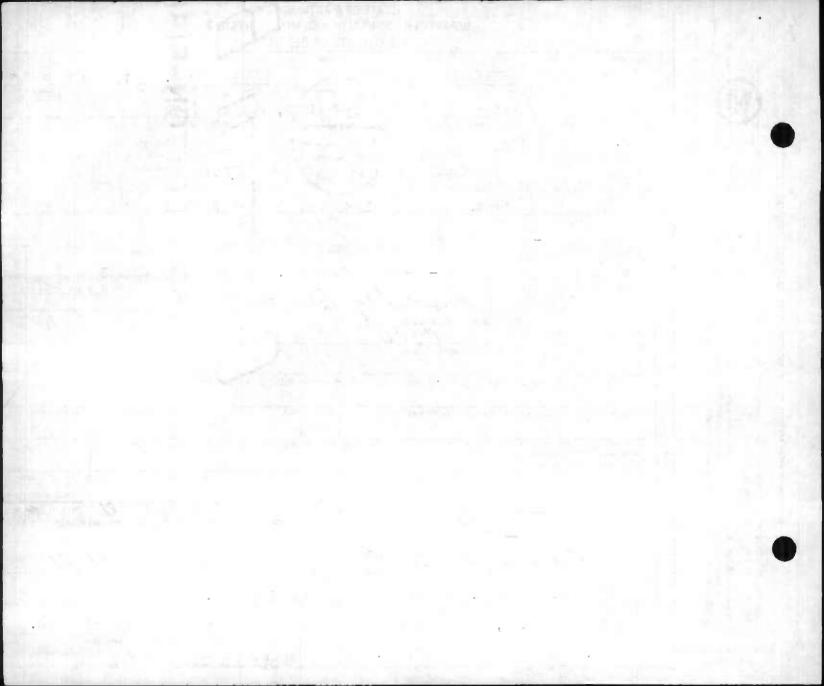
United Hebrew Cem.

Baltimore, Maryland

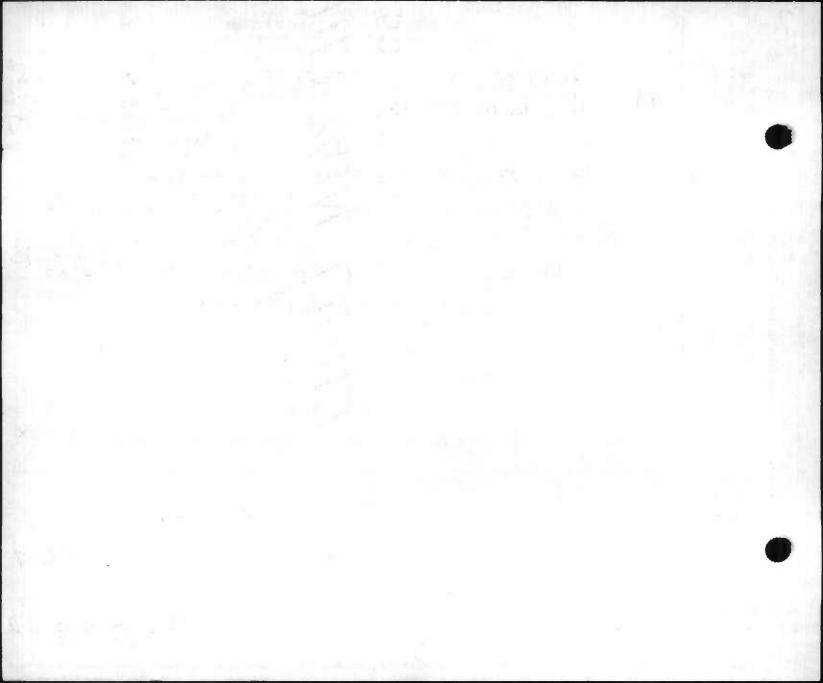
Pockville, Md. 1250. Date REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Danzansky-Goldberg Chapels; 1170 Rockville Pike SEP 25 1981

DHMH-16 30M 2/80 (VRA 15, 4)





STATE OF MARYLAND



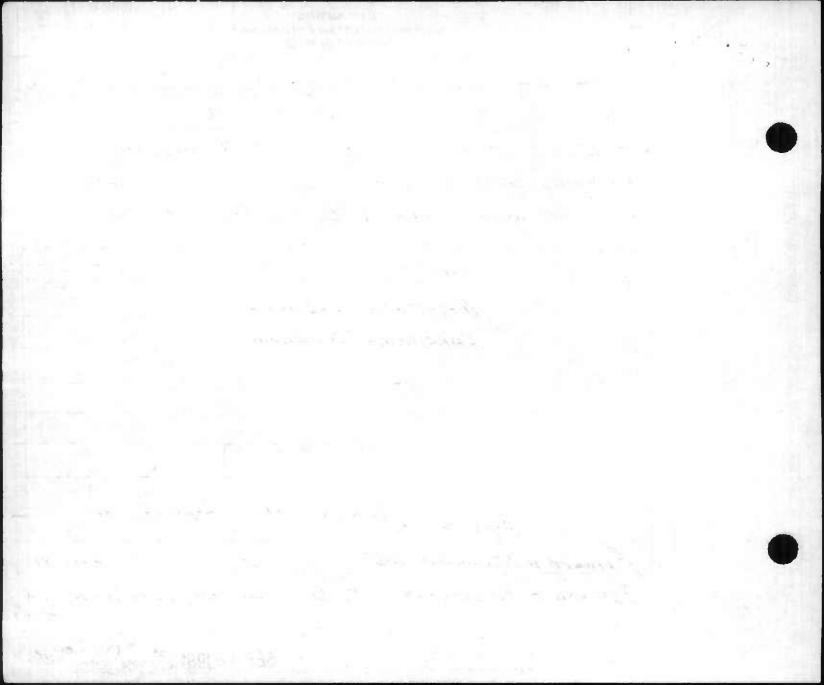
500 UNIV BLVD. W. SILVER SPRING, MD.

FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



# TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in the should be detached for use as the burial-transit permit. Then please comoving the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. With the State Dept. at Heam 21 is marked or Item 18 shows any injury, at ather troumatic event, the medical examiner must be notified in the property of the medical examiner. executed within 24 ho certificate be OR ATTENDING PHYSICIAN: The low requir

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

İ	2	4	2	3	3
REG. N	10.				
E DEATH	MONTH	OAY	YEAR	2h	HOUSE

1 -	STATE REGISTRAR		CERTI	FICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST		AIDDLE	LAST	20 DATE OF DEATH MONT	7
	ESTELL		F	RIEDMAN	9	2 8/ 12 AM
3 SE	* FEMALE	A RACE CAUCAS I	MON	OF BIRTH TH DAY YEAR 27 /8	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR FUNDER 24 HRS MONTHS DAYS HOURS MIN.  YRS.
C	RTHPLACE STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	MARRI WIDOW	ED XX NEVER MARRIED	9. BALTIMORE CITY OR CO	OUNTY OF DEATH
	TY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSING HOME		178 USUAL OCCUPATION	176 KIND OF BUSINESS OR
51	ver Spring	HO 14	H FACULTY, GIVE STREET ADDRESS)	tospital	ASSISTANT BUY	
13a S		GOMERY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 15401_BASSET	T LANE #3A
14 FA	THER'S NAME FIRST MAX	MIDDLE	LEVINE	15 MOTHER'S MAIDEN NAME FIRST PAULINE	WIDDIE	NE IMAN
	VAS DECEASED EVER IN U.S. AF VES NO OR UNKNOWN] (IF YES, GIV NO	E WAR OR DATES	166 SOCIAL SECURITY NO. 081-09-9049		BAND) ADDRESS RIEDMAN Si	15401 Bassett Lane 1ver Spring, MD.
	18 CAUSE OF DEATH (Enter to PART I. DEATH WAS CAUSE	nly one couse per	line for (a), (b), and (c).)			BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate cause io), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OI	R AS A CONSEQUENCE OF	T NOT RELATED TO THE TERM	IIN AL DISEASE OR CONDITIO	ON GIVEN IN PART 1(a)
TION	CHRON	10	OBST RUCT		10.00.00	IF YES, WERE FINDINGS USED
CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH OPERATION	ON WAS PERFORMED		CERTIFYING CAUSES OF DEATH?  YES NO
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	AIR	M. MONTH DAY YEAR		RED (ENTER NATURE OF INJURY IN IT	EM 18, PART 1 OR PART 2)
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e, PLACE ( (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.]	211 LOCATION STREET	CITY OF TOWN	COUNTY STATE
	22a.1 certify that (1) this hasp sow the deceased alive or above, (1) (we) (did) (did no	9/1/8	19	and that in (my) (our) opinion	death occurred on the date of	nd hour and from the causes stated
	22b. SIGNATURE	00	n t	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	222. DATE SIGNED  7/2/8/
	IRNEST J	OSE.	R	22e ADDRESS 10 30 SILVE	& SPRING,	40. 20902
23e. £	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL		1, 81 JUDEAI	CEMETERY OR CREMATORY N MEM. GARDENS	23d LOCATION CITY OR TOWN OLNEY	MONT. STATE
24 F	UNERAL DIRECTOR NSKY - G NAME DANZANSKY - G MEMORIAL CH	OLDBERG APELS II	ADDRES ROCKVII	LE, MD.	P 1981	arcas lather

DHMH - 16 50M 7/77 (VR A 15 (4))

retained by the hospital or attending physician

TO HOSPITAL

Montdoment Comittee Siver Spring Holy Cross Hospital

2	1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	
noy be page 3	1 DE	CEASED NAME FIRST OR PRINT! SARAH	MIDDLE E	Friedman	Sept -
of ter	3 SE	FEMALE	RACE WHITE	5. DATE OF BIRTH  MAY  OAY  YEAR  10 1890	6 AGE (IN YEARS LAST
deoth. Poge francer direct thy 22-th is	7a. Bi	RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED K DIVORCED	9 BALTIMORE CITY  MON
d'he de	10 C	ockulle	NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)  ADDRESS)  ADDRESS)  ADDRESS)	TYPE OF WORK FOR MOS
AND 2120 Tilled in by tours falled be fill		AL RESIDENCE (IF NURS IN AE OR OT OUNTY	HER INSTITUTION GIVE RESIDENCE BEFOR		13e STREET ADDRES
E, MARYLAI  Used within  completely f  1 and 2 sho	14 FA	ATHER'S NAME FIRST  A MILE	ENTUY	15. MOTHER'S MAIDEN NA	ME MIDDLE
, BALTIMORE, MA ficose be executed hysicion and camp popers. Pages I on novol.		VAS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL SECU VAR OR DATES) 109-16-	JRITY NO. 17 INFORMANT SHOLEM BERG	55 O'L GREEN, WEST
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.  OR ATTENDING PHYSICIAN: The low requires that the death certile e haspital or attending physician.  DIRECTOR, After this certificate has been signed by the attending proched for use as the buriol-transit permit. Then please remove carbon Dept. of Health and Mental Hygiene prior to buriol, cremation, or rem them 21 is marked or Item 18 shows any injury, or other traumatic even	MEDICAL CERTIFICATION	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED E IMMEDIATE (CO.)  Conditions, if ony, which gove rise to immediate couse foil storing the underlying couse lost.  PART 2 OTHER SIGNIFICANT CO.  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. IN JURY OCCURRED  WMIE AT WORK OF WAS UNDERLYING SOW the deceosed olive on obove, (I) (we) (did) (did not) will convey (1) (we) (did)	DUE TO, OR AS A CONSEOU    b)	ENCE OF  ENC	200 AUTOPSY?  YES NO ENTER NATURE OF IN  CITY OR  to death occurred on the
O HOSPITAL OR A stoined by the hospital OF CO FUNERAL DIRECTOR IN The Store Dept. With the Store Dept.		MKU. D.  27d. PHYSICIAN'S NAME (TYPE OR PI  HIRU D.	KHIANE	ATTENDING PHYSICIAN [	MEDICAL ST DIRECTOR PHYS

APPOINS STEIN HEBREW MEMORIAL FUNERAL HOME CARROLL STREET, N. W., WASHINGTON, D. C.

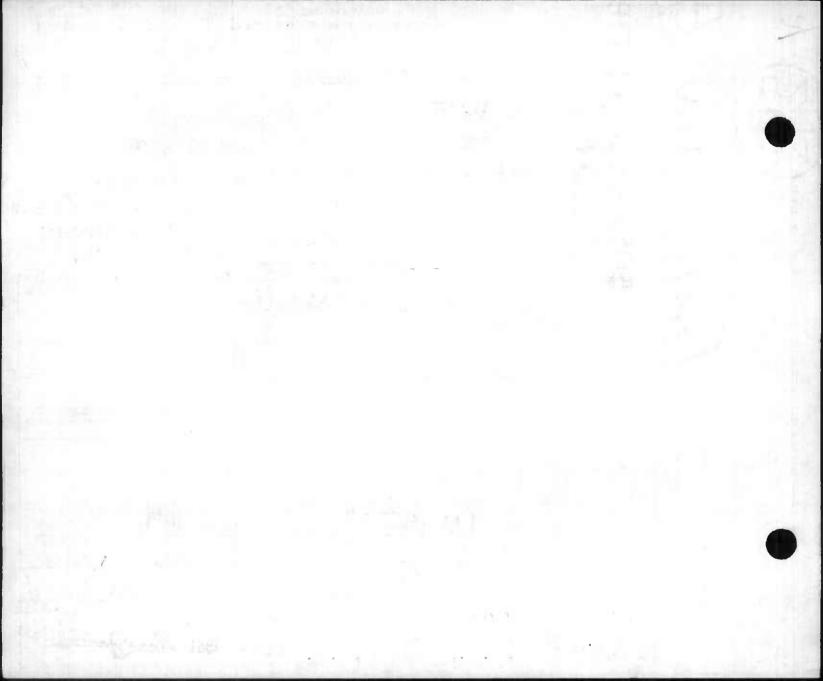
YEARS LAST BIRTHDAY! ORE CITY OR COUNTY OF DEATH 126 KIND OF BUSINESS OR (UNASCERTAINABLE) 55 OLDS MEADOW ROAD. VEST HARTFORD, CONNECTICUT APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SE OR CONDITION GIVEN IN PART 110 AUTOP5Y? 20b. IF YES, WERE FINDINGS USED CERTIFIC IN CERTIFYING CAUSES OF DEATH? YES 🗍 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH MONTH DAY YEAR MEDICAL ( IF EITHER NOTIFY MEDICAL EXAMINER) 218 PLACE OF INJURY 211 LOCATION 71d. INJURY OCCURRED (AT HOME STREET FACTORY OFFICE, FARM ETC.) CITY OF TOWN STATE NOT WHILE 220.1 certify that (I) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceosed olive on obove, (I) (we) (did) (did not) view the body ofter death. 226. SIGNATURE DEGREE 22c. DATE SIGNED **ATTENDING** MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL BURTAL 23c NAME OF CEMETERY OR CREMATORY 236 DATE 10/2/1981 MOUNT LEBANON CEMETERY

REG. NO

19

2b. HOUR

BP. DHMH - 16 50M 1/81 (VRA 15, 4)



OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

completely 1 s 1 and 2 sho

should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

STATE OF MARYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE R

3

1	- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.	Gin <b>a</b>		
	CEASED NAME (E OR PRINT)	FIRST	,	MIDDLE	GAR	d NER		9/20 //	YEAR	26 HOUR
3 SE	female	2	race /wh	ite	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTH	YRS.	DAIS	IF UNDER 24 HRS
	Maryland	FOREIGN		States	8. MARRIEI WIDOWE		Montgomery	County of DE		M
R	Rockville		Collin	SWOOD NU	ADDRESS)	Center Center	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V Teacher	VORKING LIFE) IN[	KIND OF	BUSINESS O
Ma	AL RESIDENCE (IF NUR STATE Aryland ATHER'S NAME	136 COUNT Montg	TY	Rockvill		13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 139 S. Van			
	John		NIDDLE	Wood		15. MOTHER'S MAIDEN NA FIRST  Maude	MIDDLE	Tru	nd le	
160	No No		WAR OR DATES)	217-46-7		Paul F. Wire	e (same as 1	3e)		
	18 CAUSE OF DEAT PART I. DEATH W	H Enter only AS CAUSED IMMEDIATE	BA:	Inprop on by one	COVO	lial infa	rhon		-	ATE INTERVAL
	Conditions, if ony		DUE TO, OI	R AS A CONSEQUE	NCEOFL	ock			?20	min
	gove rise to important couse (a), stating underlying couse	ig the	DUE TO, OI	r as a conseque	NCP9	16I blees	ling		?	
NO	PART 2 OTHER SIGN	NO K	a / Em S		EATH BUT	DEMES DA	AINAL DIVEASE OR CONDI	TION GIVEN IN	PART 1 o	
CERTIFICATION	190 DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	Ob IF YES, WERI IN CERTIFYING ( YES [	E FINDING CAUSES (	GS USED OF DEATH?
	210. ACCIDENT WAS UNI	CAUSE OF DEAT	HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	NITEM 18 PART . OR	PART 2)	
MEDICAL	21d INJURY OC	do .		OF INJURY SEET, FACTORY OFFICE FA	ARM ETC)	211 LOCATION STREET	CITY OR TOWN	20 6	YINU	STATE
10	saw the focus sibore, (1) we (	(this hospite ad alive on did) and not	(A)	deceased from19	X J	d that it (my) (our) apinion	death occurred on the date	and hour and f	, th	oot (I) (we) lo ouses stoted
	The SIGNATURE	6)	M	Me-	n		MEDICAL STAFF		9/2	IGNED
	THOMA	0	GALVI	21 TH, W	10	11510 0/d	bespetown.	Kd. Ru	och	lem
23a. E	BURIAL, CREMATION, (SPECIFY) Burial		10 .	301		vet Cemetery	Frederick	Fred	r rick	STATE
	OO W. Monte	Kober	t A.Pum	phrey Ful	neral Md :	Homes P/ASOLDAT	SEP 28 198	PAISTRAR'S	चार्य अन्त	Mark

Montgomery Ave., Rockville, Md. 20850

BP. DHMH - 16 50M 1/B1 (VRA 15, 4)

retained by the haspital or attending physician.

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STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HYGIENE	8		2	4	2	3	6
CERTIFICATE OF DEATH		REG. NO.					

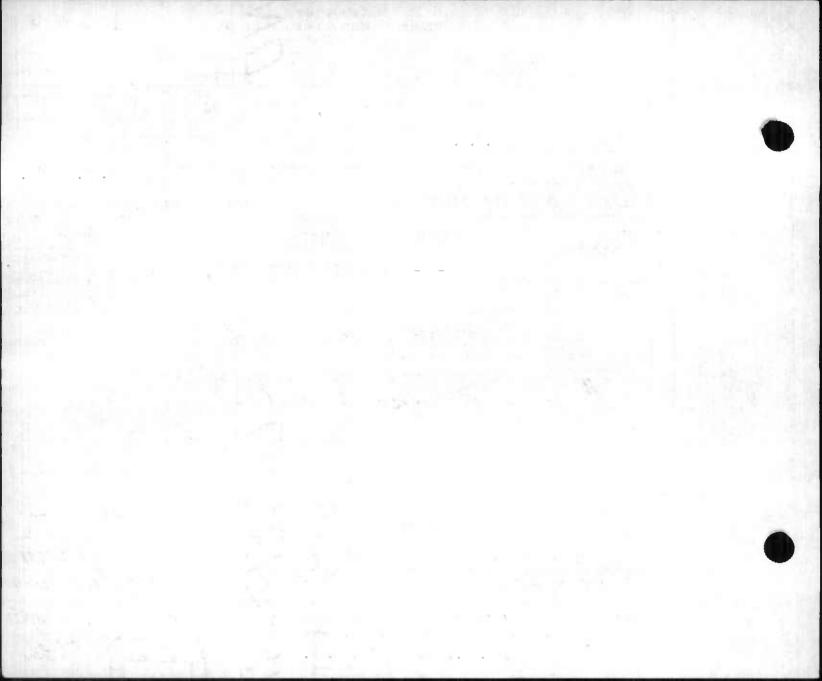
FOR STATE REGISTRA	R			DEPARTN		IEALTH AND MENTAL HYC ICATE OF DEATH	GIENE 8	REG. NO.	. 4 %	,, O
1. DECEASED NAME (TYPE OR PRINT)	Sa	SAMUE	L	AIDDLE G	115h	SHMAN	20 DATE OF D	IBER .	2, 1981	1:30 P
J. SEX MALE		4 RA	WHI:	TE	JANUA	TRY 22, 1907	6 AGE (IN YEAR	RS LAST BIRTHOA	MONTHS DAYS	HOURS MIN.
NEW YOR	RK		U.S.	.A.	8. MARRIE WIDOWE			NTGOMER	NTY OF DEATH	M
TAKOMA		11.				OR OTHER INSTITUTION	ECONOM			. GOV'T.
MARYLAN	ND 13	MONTGO	MERY	STLVER S	11011110010111	153 (140		DRESS EGORIO	DRIVE	
I SADORE		WIDDL	LE	GISHMAN		SADÍE		MIODLE	HALP	ËRN
NOS, NO OR UNK	SED EVER IN	U.S. ARMED (IF YES, GIVE WAR		166 SOCIAL SECU		17 INFORMANT PHILIP KLEIN	IBERGER,	70978 I	NEW HAMP. SPRING	SHIRE AL
	s, if any, v	vhich (	DUE TO, OF	RAS A CONSEQUE	NCE OF CELL	carcinoma	rceno	lung		
gove rise cause to underlying PART 2 OI	to immed stating cause	which diate the last	DUE TO, OF	RAS A CONSEQUE  RAS A CONSEQUE  ONTRIBUTING TO D		7	of	lung	GIVEN INPART 1	worth
gove rise cause to underlying PART 2 OI	to immed stating cause	which diate the last	DUE TO, OF  DUE TO, OF  CO  DITIONS CO	ontributing to a	DEATH BUT	carcinoma	amal disease and autops	1/10 C (	GIVEN INPART 1  ATTENUATE OF THE PROPERTY OF T	I'A
PART 2 OI  190 DATE O  210. ACCIDER	to immediate stating cause	which diate the last CONE	DUE TO, OF  (c)  DITIONS CO  19b CONDI	ONTRIBUTING TO DE FINIURY M. MONTH DA	DEATH BUT	Corcehoma  NOT RELATED TO THE TERM  Of Ilual	alinal disease of aud 200 autops	SY? 20b. IF IN CE	YES, WERE FIND RTIFYING CAUSE	INGS USED S OF DEATH?
PART 2 OI  PART 2 OI  190 DATE O  210. ACCIDEN  OR CONTRIBUTION  (IF EITHER. N	to immediate stating groups the stating groups the stating groups the stating	vhich diate the last  ICANT CONE  CONE  ILYING  ISSE OF DEATH EXAMINER)	DUE TO, OF  (c)  DITIONS CO  196 CONDI  216 TIME OF  HOUR A./  P./  21e. PLACE C	ONTRIBUTING TO DE LECTOR STATE OF THE STATE	OPERATION  AY YEAR  19	NOT RELATED TO THE TERM OF SLAD N VAS PERFORMED  216 HOW INJURY OCCUR 216 LOCATION STREET	AINAL DISEASE COLOR  200 AUTOPS  YES NEED (ENTER NATURE)	SY? 20b. IF IN CE	YES, WERE FIND RTIFYING CAUSE YES [	INGS USED S OF DEATH?
PART 2 OI ON CONTRIBE IN EITHER N 21d INJURY WHILE AT WORK 22d I certif	THER SIGNIF  THER	vhich diate the last PICANT CONE  PICANT CON	DUE TO, OF  (c) DITIONS CC  19b CONDI  21b TIME OF HOUR A./ P./ 21e. PLACE ( [AT HOME, STR	DITRIBUTING TO DE CONTRIBUTING T	DEATH BUT  AY YEAR  19  ARM.EIC)	NOT RELATED TO THE TERM OF ALMA N WAS PERFORMED  216. HOW INJURY OCCUR  216. LOCATION STREET  28, 19 91 and that in (my) (our) opinion DEGREE  ATTENDING	AINAL DISEASE COLOR  200 AUTOPS  YES NEED (ENTER NATURE)	20b. IF IN CE NOSE OF INJURY IN ITEM CITY OR TOWN  And A CONTRACT  CITY OR TOWN	YES, WERE FIND RTIFYING CAUSE YES  18 PART 1 OR PART 2)  COUNTY  19 8  hour ond from the	INGS USED S OF DEATH? NO STATE

FOOMATIO MR. STEIN HEBREW MEMORIAL FUNERAL HOME 250. DATE REC'D. BY REGISTRAR 256 REGI

BP DHMH - 16 50M 1/BT (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending the should be detached for use as the burial-transit permit. Then please remove carbon mappers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remover

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.



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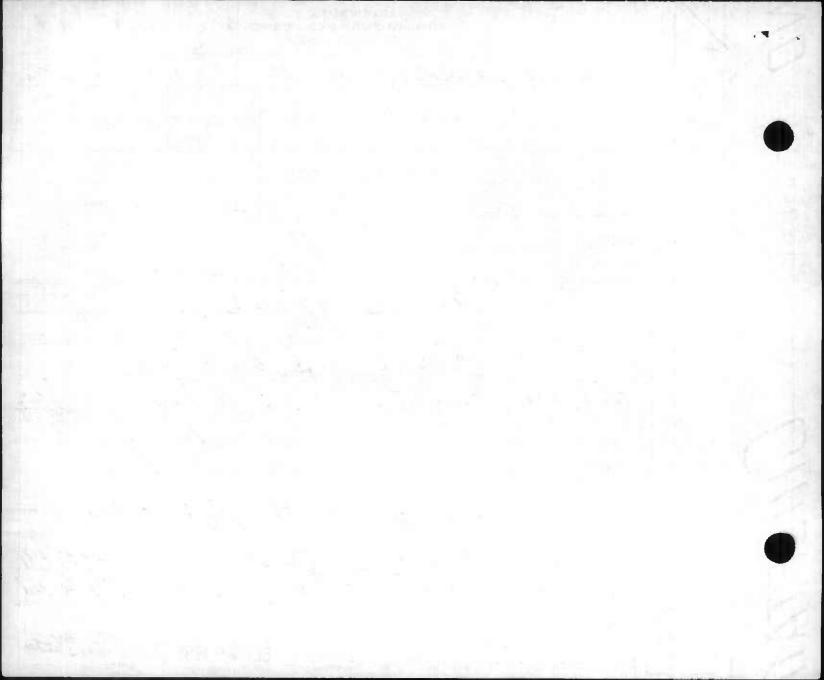
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funitional should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be "the within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

shauld be detoched for use os the burial-transit permit. Then please remove c with the State Dept. of Health and Mental Hygiene prior to burial, cremation.

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND 2 3 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1.	FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 2 4 2 5 7 CERTIFICATE OF DEATH REG. NO.						5 /		
	(TYPE	CEASED NAME FIRST E OR PRINT) ADEL-A		UDENL		GOME		DATE OF DEATH MONTH	24 'S1	12 20 A.M	
(IV	3 SE	FEMALE	4. RACE CAUCAS	SIAN	5. DATE C	Y 13, 1883	6 AC	GE (IN YEARS LAST BIRTHDAY)  98 YR	MONTHS DAYS	HOURS MIN.	
614		IRTHPLACE (STATE OR FOREIGN COUNTRY)	11. NAME OF HOSPITAL, NURSING		? B MARRIE	MARRIED NEVER MARRIED UDONCED DIO HOME OR OTHER INSTITUTION		9 BALTIMORE CITY OR COUNTY OF DEATH			
post//	10 C	ITY OR TOWN OF DEATH			ING HOME C			120 USUAL OCCUPATION		12b. KIND OF BUSINESS OR INDUSTRY	
3	JUSU.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR	OTHER INSTITUTION	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TY 136. CITY OR TOWN		134 INSIDE CITY LIMITS		STREET ADDRESS	PHIA AVEN	IA AVENUE	
S C		ANTONIO	MIDDLE	GOMEZ		15. MOTHER'S MAIDEN LENA	NAME	WIDDLE	OLIVA (AS	ŞT	
medical /		WAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN} (IF YES, GIV	MED FORCES? E WAR OR DATES)	16b. SOCIAL SEC	URITY NO.	17 INFORMANT RAUL GINO	BAL	SAME AS 13	GRANDS	ON	
vent, the		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE	ly one couse per D BY: E CAUSE (0)	le d	ind (c.)	fai	lun	g.	BETWEEN	ONSET AND DEATH	
umotice		5/8 8 Conditions, if any, which		R AS A CONSTO	BENCE OF	rolory	17	Lailure			
other tro		gave rise to immediate cause rat, stating the underlying cause last.	DUE TO, O	RAGACONSEON	UENCE OF	melino	mer	y dueac	0.		
ınjury, or	NO	PART 2 OTHER SIGNIFICANT OF	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	OT RELATED TO THE T	TERMINAV	DISEASE OR CONDITION	GIVEN IN PART IN	h frace	
2 Swo	CERTIFICATION	190 DATE OF OPERATION	146 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20 YE		YES, WERE FINDING CAUSES		
Pem 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			DAY YEAR	21c. HOW INJURY OC	CURRED (	ENTER NATURE OF INJURY IN ITEM	IB PART : OR PART 2)		
rkedor		216 INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK		OF INJURY REET, FACTORY, OFFICE	FARM ETC	21f. LOCATION STREET	,	CITY OR TOWN	COUNTY	STATE	
21 is ma		220.1 certify that (1) (this hospital) attended the descased from 19 0, to 19 0, that (1) (we) lost saw the deceased alive on 20 0, and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death.									
NT. # Hem		DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN								\$154E0 \$24/8/	
MPORTANT: #		MEUEL A. RODEBUEZ 8634 Flower Ave, T. Park MA									
		BURIAL, CREMATION, REMOVAL (SPECIFY)  BURIAL	23b. DATE	126/81	GATE O	EMETERY OR CREMATO		d LOCATION CITY OF TOWN SILVER SPRING	G MONT	r statMo.	
/81	24 F	UNERAL DIRECTOR FRANCI 500 UNIV.BLV	S J. CO D.,W.,S	LLINS ILVER SP	RING, N	D. 20901 25a	SEP	2 9 1981 26		Narthen	



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ATTENDING PHYSICIAN: The low requires that the death

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O HOSPITAL

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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o. BIRT	M ALE	ACE	5. DATE OF BIRT	4	9	- 7-	81	
o. BIRT	M ALE							4
Pe	THPLACE (STATE OF FOREIGN 7)		MONTH 3	DAY YEAR 13 - 09	6. AGE (IN YEARS LAST BIRTH)	MONTHS	DAYS	HOURS MI
Statement of the last	OUNTRY)	CITIZEN OF WHAT COUNT	RY? 8 MARRIED 1	JEVER MARRIED DIVORCED	9. BALTIMORE CITY OR	COUNTY OF DE	EATH C	)
m	VOR TOWN OF DEATH I	1. NAME OF HOSPITAL, NUF	RSING HOME OR OTH		126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V	VORKING LIFET INT	KIND OF DUSTRY NSUR	BUSINESS
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NO	AS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIALS NAR OR DATES) 164-01		FORMANT ELEANOR F		TONES	MTII	DALD
	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED IMMEDIATE	BY. AV	DIAC	ARRES	て		APPROXIM	NSET AND DEA
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A GONSE	QUENCE OF.	Λ 1	ARCTION	1	se	
N O	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT R	ELATED TO THE TERM	inal Disease or condi	TION GIVEN IN I	PART I o	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS	PERFORMED	20a AUTOPSY?	20b. IF YES, WERE IN CERTIFYING (	E FINDING	GS USED OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	ow injury occurr	ED (ENTER NATURE OF INJURY I	IN ITEM 18 PART I OR	PART 2)	
N N	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFI		OCATION STREET	CITY OR TOWN	co	UNIY	STATE
1 [	22a I certify that (1) (this haspita sow the deceased alive an obote, (1) (we) (did) (did not)	4-7	9, and that		, to, to	ond hour and f		ot (1) (we)
	226 SIGN TURE	Push	DEGREE	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIA	1/	DATE S	-81
	22d PHYSICIAN'S NAME CTIFE OR							

TO FUNERAL DIRECTOR, after this certificate has been signed by the ottending physicion and completely filled in by the funeral should be detached for use as the buriol-transit permit. Then please remove corbonpopers. Pages 1 and 2 should be filed within 17 with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

DHMH - 16 50M 1/81 (VRA 15, 4)

BURTAL 9/9/1981

MOUNT SHARON CEMETERY SPRINGFIELD, DELAWARE, PENN.

232 CARROLL STREET, N. MEMORIAL FUNERAL HOME W., WASHINGTON, D. C.

SEP 1 0 1981 June Gistration

1	FOR - STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 1	2 4 2 4 0
	ECEASED NAME FIRST PE OR PRINT)	MIODLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
1	Henry	Α.	Green		09 05 81 1937
3. 5	EX M	T3/ACK	5. DATE OF BIRTH MONTH DAY YEAR 12 01 21	6 AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MIN
35 70.1	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	MARRIED   NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH
3 10.0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION IREET ADDRESS)	12a USUAL OCCUPATI	ON 12b. KIND OF BUSINESS C
USU 130.	UAL RESIDENCE (IF NURSING HOME OR STATE 13b COUN		FFORE AOMISSION)  13d. INSIDE CITY LIMITS?		derick AVE
14. F	ATHER'S NAME	116. INUU	15. MOTHER'S MAIDEN I	NAME + KE	derick Ave
501	HARR	OREE GREE	N 211	LIE W,	NDEAR
/		MÉD FORCES? 166 SOCIAL S WAR OR DATES) 579-0	5-7015 Virgil Ph	IMMER Cou	ghter 8 29 Stewar
	18. CAUSE OF DEATH (Enter onl) PART I. DEATH WAS CAUSE!	y ane cause per line for (a), (b) BY: E CAUSE (a)	ornton Fai	lure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  3 minul
	Canditions, if any, which	DUE TO, OR AS A CONSE	OUENCE OF Stem In	larchin	3 clar
	gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	OUENCE OF Va sculo	or Dis	ease ? 5 year
NO.	PART 2 OTHER SIGNIFICANT C	onditions <u>contributing</u>	TO DEATH BUT NOT RELATED TO THE TE	rminal disease or con	DITION GIVEN IN PART 1(a
CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WE	ICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
100	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	URRED (ENTER NATURE OF INJUI	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)  21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	P.M.  21e. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFF	19 215 LOCATION STREET	CITY OR TO	WN COUNTY STATE
S ao	220.1 certify that (I) (this hospit			, to	, 19, that (I) (we) lo
E Z E	sow the deceased alive an above, (1) (we) (did) (did not 22b. SIGNATURE	) view the bady after death.	9, and that in (my) (aur) apinio	on death occurred on the do	ote and hour and from the causes stated
E	ALL	emy	M-D ATTENDING		
7	22d. PHYSICIAN'S NAME (TYPE OF	C. OMME	NA RETIFE	SDA BURI	LING TREE RO
230	BURIAL CREMATION, REMOVAL (SPECIFY) BURIAL	23b. DATE 9-11-81	LINCOLD PAYK CE	Y 23d. LOCATION  TOOR TOWN	ille Monta MD
24-1	SUNERAL DIRECTOR	246	ss N. WASh. ST 250.	SEP"1"4"1981"	AD PEGISTRAL S SIGNATURA

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STATE OF MARYLAND	73
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

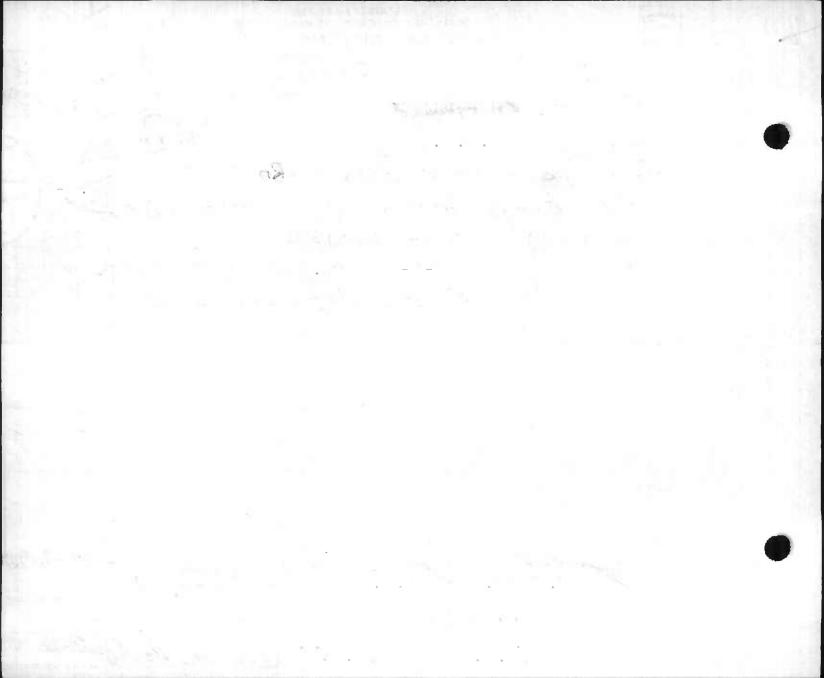
- STATE REGISTRAR DECEASED NAME 20. DATE OF DEATH 2b HOUR JR. mue IF UNDER I YEAR DAYS WHITE To. BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MONTGOMERY WASHINGTON. D.C 126 KIND OF BUSINESS OR COMM. MGR. SUBURBAN HOSPITAL BETHESDA USUAL RESIDENCE NG HOME OR OTHER INSTITUTION TO SELECTION TO 136 STREET ADDRESS MERRIFIELDS COURT MARYLAND 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST GREEN, SR. MIDDLE S. GORDON MARY RUSSELL 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS SAME AS 13 WIFE 229-32-8006 KATHRYN H. GREEN 18 CAUSE OF DEATH (Enter only one couse per line for a), (b) APPROXIMATE INTERVAL PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (a), stating the 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 28s AUTOPSY2 IN CERTIFYING CAUSES OF DEATH? NO YES A 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211, LOCATION STREET CITY OF TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE FARM ETC.) STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive an 9 20 8 and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN - DIRECTOR PHYSICIAN [ 22e ADDRESS 23a BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY BURIAL

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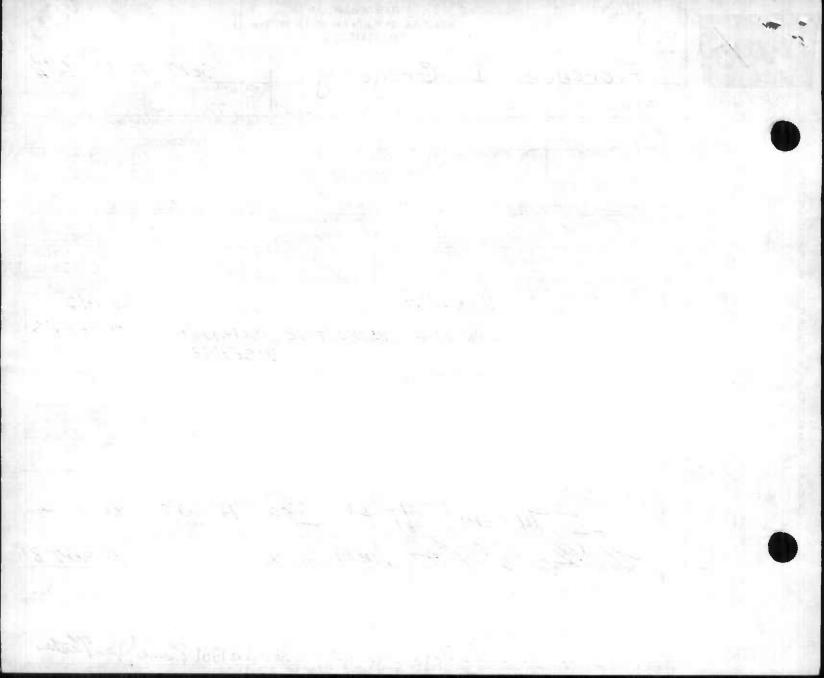
24 FUNERAL DIRECTOR FRANCIS J. COLLINS DHMH - 16 50M 1/B1 500 UNIV. BLVD., W., SILVER SPRING, MD. 20901 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbon patients Prague with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removel.

IMPORTANT: If them 21 is marked or them 18 shows any injury, ar ather troumatic error the event or

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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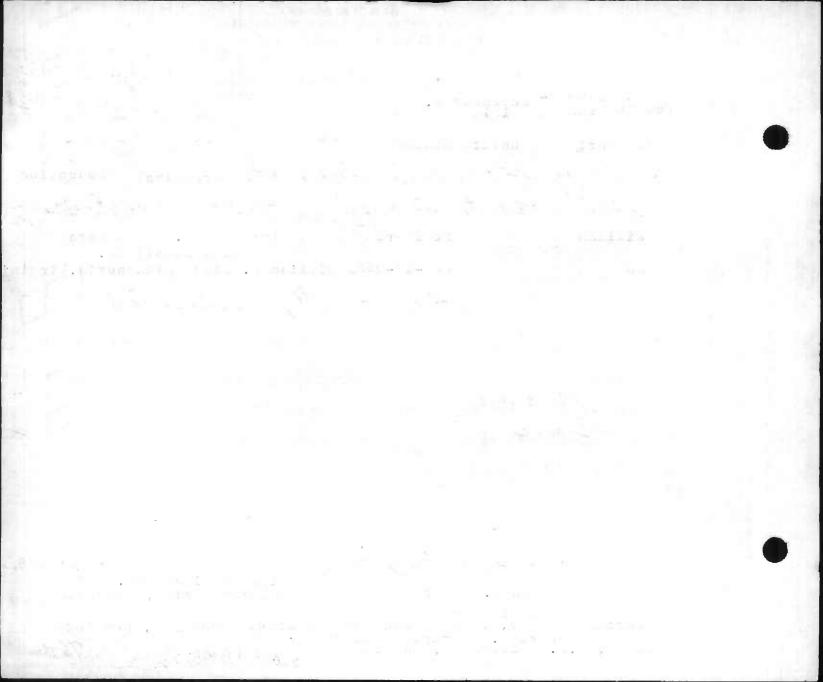
- STATE REGISTRAR		CERTIF	FICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST	liam	NMN 60	THPIE	20. DATE OF DEATH MONTH	R- 8/ 10 GIA
SEX Male	4 RACE Whi	te S. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)  97  YRS	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY? 8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
Scotland III CITY OR TOWN OF DEATH	11. NAME OF I	A WIDOWI HOSPITAL, NURSING HOME ( If FACILITY, GIVE STREET ADDRESS)		Montgomery  126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI  retired	12b. KIND OF BUSINESS OR INDUSTRY plasterer
	tgomery	GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Bethesda	136 INSIDE CITY LIMITS?	13e STREET ADDRESS 9122 Kirkdale	
4 FATHER'S NAME FIRST William	MIDDLE	Guthrie	IS MOTHER'S MAIDEN NAME FIRST Christi	WIDDLE	Penman
(YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	578-01-7409	Christina C	ADDRESS  Casson same	as 13e
18. CAUSE OF DEATH. IEnter PART I. DEATH WAS CAL    WARD   Conditions, if ony, which gove rise to immediate couse in al. stating the underlying couse lost.	DIATE CAUSE (0)  DUE TO, O	R AS A CONSEQUENCE OF	hepperror	vá	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  2 WLL 1
		DATRIBUTING TO DEATH BUT		TO CERTII	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETHER, NOTIFY MEDICAL EXAMI 210. INJURY OCCURRED	DEATH HOUR A. INER) P.  21e PLACE	M. MONTH DAY YEAR M. 19 OF INJURY	211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18.1	PART   OR PART 2)
WHITE NOT WHITE DAT WORK  270.1 certify that (1) (this has sown the deceased alive above, (1) (we) (did) (did)  27b. SIGNATURE	ospital) attended the	after death	DEGREE ATTENDING	, to	19 that (I) (we) lost ir and from the couses stated
228 PHYSICIAN'S NAME (TVI	Louble,	bonit m	22e ADDRESS	O New Hongy his	re Arun Silaspo
Burial, Cremation, Remov	9/11	/81 Ft. L:	incoln Cemete	23d LOCATION CITY OR TOWN ETY Brentwoo	d Maryland
FUNERAL DIRECTOR NAME Tyson Wh	eeler Fu	neral Home, Rockville, Ma	Inc. SE	1 4 1981 REGISTRAN	FAR'S SIGNATURE!

DHMH - 16 50M 1/B1 (VRA 15, 4)

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	۱.	FOR STATE REGISTRAR	DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	2 4	2 4 7
		CEASED NAME FIRST	WIDDLE	L	AST	20. DATE OF DEATH	MONTH DAY	YEAR 2b. HOUR
		Edna	Dorothy	Ha	Ideman		9 17	81 2105 M
	3. 5E		4. RACE	5. DATE C		6 AGE (IN YEARS LAST I	IRTHDAY) IF U	NDER I YEAR IF UNDER 24 HRS
1		Femele	Concosion	02	// /2	6.	YKS.	
47	7a B	RTHPLACE ISTATE OR FOREIGN COUNTRY). NAS HINGTON, D. C	7b. CITIZEN OF WHAT COUNTRY	? 8. MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY		DEATH  MD.
3	Ro	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS  (IF NOT IN SUCH FACILITY, GIVE STREE  Shady Grove	Adven		12a USUAL OCCUPA ITYPE OF WORK FOR MOST	TION OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY Service 19041.
11/	USU. 13a.	AL RESIDENCE (IF NURSING HOME OF TATE 136, COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORM  131. CITY OR TO		13d INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS		# 124
MI	14. FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	AME		1451
11		FRANK	- HALDEM	171	FRANCES			ROBERTS
g g		VAS DECEASED EVER IN U.S. A			17. INFORMANT	ADD	RESS	
)			NONE 577-07	-1458	RICHARD E. RI	BERTS 95 DA	WSON AVE	. ROCKUNCE, MD
y, or other troumotic		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEO  (b)  DUE TO, OR AS A CONSEO  (c)  CONDITIONS CONTRIBUTING TO	UENCE OF	neus septice		NDITION GIVEN	24° 24°
in in	NO.	Chron	is Respiratory	Failure	7400	in hory topen	14	
2 mos	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	IN CERTIFYIN	G CAUSES OF DEATH?
98 9		21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D LIF EITHER, NOTIFY MEDICAL EXAMIN	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF IN	JURY IN ITEM 18, PART	OR PART 2)
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE	, FARM, ETC )	211. LOCATION	CITY OR	OWN	COUNTY STATE
f. If Item 21 is mo		sow the deceased alive a above, (1) (we) (did) (did r 22b. SIGNATURE	pitol) ottended the deceosed from  9 - 7 19  not! view the body ofter death.	<b>31</b> , or	nd that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN	death occurred on the	date and hour on	, that (I) (we) lost d from the couses stated  22c. DATE SIGNED
IMPORTANT	23a. I	22d. PHYSICIAN'S NAME (TYPE	Mayo	NAME OF C	22e ADDRESS		rick Ro	0760
		SPECIFY) BURIAL	C-0 001	-	NLOW CEMETER	CITY OR TOWN		CO. MARKILAND
10	24 F	UNERAL DIRECTOR	· ·	JAC CI	神色を		RIST REGISTRA	
	CH	PM GORS FUNDA	K HOME SILVEN	Spring	MO.	23 1981	grane of	



edior, poge 3 24 hours ofter death. Page 4 may be TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fug should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed with a with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal. OR ATTENDING PHYSICIAN: The low requires that the death certificate be offending physicion. retained by the hospital or

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical

STATE OF MARYLAND FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

2 4 REG. NO. 24248

	1. DECEASED NAME FIRST MIDDLE  {TYPE OR PRINT)			LAST		O DATE OF DEATH MONTH	DAY YEAR	26 HOUR			
			ANNE		D.	HAN	. 4.		SEPT. 15,	1951	1350m
	3. SEX			4. RACE		5. DATE O			AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	H UNDER 24 HRS
		emale		Caucas		Dec.	5, 1900		80 YRS		
G	7a. BIR	RTHPLACE ISTATE OR F	OREIGN		WHAT COUNTRY?	MARRIE	NEVER MARRIED	9	BALTIMORE CITY OR COUNT	Y OF DEATH	
		ew York		U.S.		WIDOWE			Montgomery		MD.
0		TY OR TOWN OF DEA ethesda	ATH		HOSPITAL, NURSIN HEACHITY, GIVE STREET A DOOD RETIR		Home		20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LI  Lending Librar		of Business or
6	13a. S	AL RESIDENCE HE NUR STATE ryland	136 COUN	other institution, ITY gomery	Bethesda	N	13d INSIDE CITY LIMIT YES NO 🏋		3e STREET ADDRESS 5101 Ridgefield	l Rd.	
C	14. FA	Morris		MIDDLE	Dobrin		15 MOTHER'S MAIDEN	NAME	WIDDLE	(Unknow	'n)
	{Y	VAS DECEASED EVER VES, NO OR UNKNOWN) <b>NO</b>		MED FORCES? WAR OR DATES)	559-18-0		William J.	son) . Ha	nna /8520 Thorno Bethesda N	en Terr	•
i i		PART 1. DEATH WAS CAUSED BY:  [MMEDIATE CAUSE (a)]  [MMEDIATE CAUSE (b)]  [MMEDIATE CAUSE (c)]  [MMEDIATE CAUSE (c)]  [MMEDIATE CAUSE (c)]								BETWEEN O	ONSET AND DEATH
		Conditions, if ony	, which				oma of \$	To	mach	MA	ths
		gove rise to immediate couse Io), stating the underlying couse lost.    DUE TO, OR AS A CONSEQUENCE OF   Column   Column									
	NO	PART 2. OTHER SIG		ONDITIONS CO	INDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM				IAL DISEASE OR CONDITION GI	VEN IN PART 10	01
2	CERTIFICATION	190. DATE OF OPERA	TION	196 COND		OPERATION	N WAS PERFORMED		IN CERTI	S, WERE FINDIN FYING CAUSES ES	
2		210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEA	1100110 1	M. MONTH DA			CURRE	RRED   JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)		
	MEDICAL	21d. INJURY OCCUR WHILE NOT WAT WORK AT WO	HILE		OF INJURY BEET, FACTORY, OFFICE, F.	ARM, ETC.)	211 LOCATION STREET	N/A	CITY OR TOWN	COUNTY	STATE
		sow the decease obove, (I) (web)				, 17	inion de	oth occurred on the date and ha	ur and from the		
		276. SIGNATURE	5 lu	auu	m.D	(		NG AN	MEDICAL STAFF DIRECTOR   PHYSICIAN	22c. DATE 9-1.	SIGNED
		22d. PHYSICIAN'S N	ARE ITYPE O	RPRINT)	m.D.		330/ NE	WI	n & 4160 AV. A	1. W. W.	12H DC
	23a B	Burial, cremation, Specify) Burial	REMOVAL	Sept.	2×-		od Cemeter		Los Angeles, C	aliforn	state

DHMH-16 60M 1/73

(VRA 15 (4))

24 FUNERAL DIRECTOR
Capitol Funeral Service, Fairfax, Va.

SEP 2 1 1981

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	6
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital or attending physician.	6
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be natified at ance.	1 E 4.0

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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free		dia		4

1-	FOR STATE REGISTRAR		DEPARTA				2 4	2.	4 4
	CEASED NAME FIRST	T /	MIDDLE	L	AST		H DAY	YEAR	2b. HOUR
	OR PRINT)			117	מגם	9	24	81	545 A.
3. SE	ENRY	4 RACE		HARAP    S. DATE OF BIRTH   DAY   YEAR   STATE   STATE   STATE   DAY   YEAR   STATE   STATE   DAY   YEAR   STATE   STATE   STATE   DAY   YEAR   STATE   STATE			IF UNI	DERIYEAR	IF UNDER 24 HRS.
3. 3E					DAY YEAR		MONTH		HOURS MIN
	ALE		AUC	11	29 93				
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	OUNTY OF D	EATH		
A	USTRIA	USA				MONTGOMERY			MD.
10 CI	TY OR TOWN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MOST OF WOR		L KIND O IDUSTRY	OF BUSINESS OR
	ANDY SPRING				OME	PROFESSOR			
13a S	STATE 13b C	ONT GOMER	131. CITY OR TOW	N	U.S.A.		r T.a.	na	
60. 10	ATTER'S NAME	JIVI GOMEN	I SWINDI	SEKI			1 100	.10	
	OSES	MIDDLE	HARAP		FIRST		HAI	RAP	ī
16a. V	VAS DECEASED EVER IN U.S		166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRESS			
N		S, GIVE WAR OR DATES)	4145029	932	Medical Red	cords			
	18 CAUSE OF DEATH (Ent	er only one couse per	y one couse per line far (a), (b), and (c).						MATE INTERVAL ONSET AND DEATH
	PART I DEATH WAS CALISED RV.								
	3320 DUE TO, OR AS ACONSEQUENCE OF A								
	Canditions, if any, which		I Charas	garde " (	ure.			3d	hers
	gove rise to immediate								
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								a l
ON N	Congest	ive heart	- failur	e, C	oron. ART.	broken HTM	al Fi	6711	Matron
CERTIFICATION	190 DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	_ IN	. IF YES, WEI CERTIFYING YES []		NGS USED OF DEATH?
E E	21a. ACCIDENT WAS UNDERLYIN	110110		WE LO	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN I	TEM 18, PART 1 C	PART 2)	
	OR CONTRIBUTING CAUSE (								
MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY					0.01	
W	WHILE AT WORK AT WORK	AT HOME, STI	REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TOWN	CC	YIMUC	STATE
	22a.1 certify that (1) Whis- sow the deceased aliv	0.100	0	1 8/2	1979	death occurred on the date of			that (I) (we) last
	abayen(1) (me) (did) (d		after death.			dealli occorred on the date a	na naor ana		
	ATTENDING MEDICAL STAFF								
	224 PHYSICIAN'S NAME (	TYPE OR PRINT)	1.				7 6	LUE	y
	MRTHUR	SCITOR	mGOLD,		18111 PRI	NEE Philip	or K	10 g	90832
	BURIAL, CREMATION REMO		23c N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	I D C + COUN	пγ D.	STATE
	Removal	9-24	-or Ge	orget		04	0	My ers	0.
24 F	UNERAL DIRECTOR Metropolitan	Funeral	Service, A	lexan	dria, vast pa	TE REC'D BY REGISTOAR 25)	EGISTRAR'S	SIGNAT	TRE

DHMH-16 50M7/77 (VR A 15 (4))

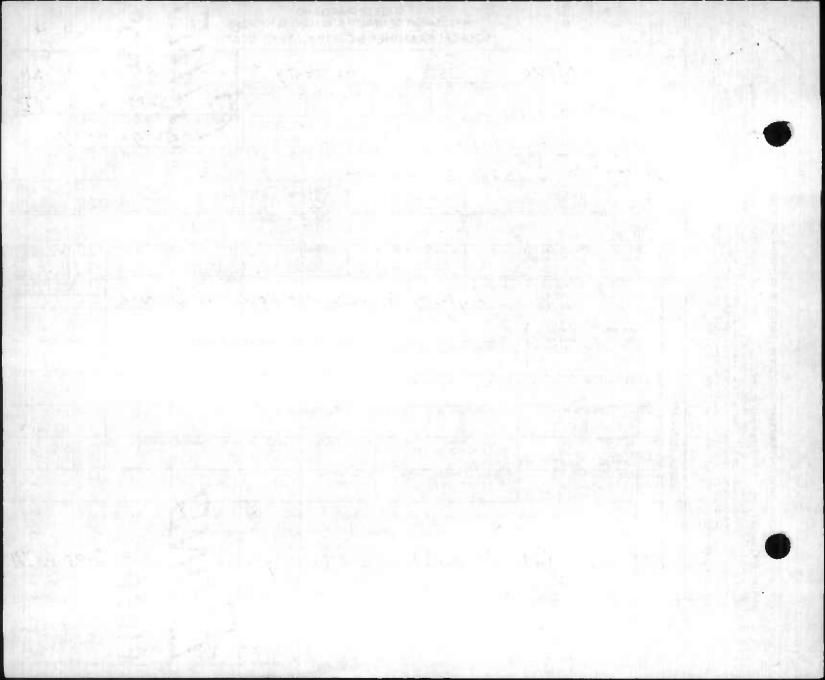
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/		1-	FOR STATE REGISTRAR		STATE DEPARTMENT OF I		ND MENTAL HYG	9	2 4 2	5	0
142	ALCOHOL:	1. DEC	EASED NAME FIRST OF PRINT)	10	ELSIE	HAST	rdesty	20. DATE KNOWN OF ESTI-	MONTH DAY	YEAR 1981	A M
Contract.		3. SEX	MALE CAUCASIAN	S. DATE OF BIRTH	YEAR LAST BIRTHD	Y) MONTHS	DAYS HOURS MI	HRS. 2c. DATE	ept. 6	YEAR	2d. HOUR
D W	POR WITH	FOI	RTHPLACE (STATE OR LEIGH COUNTRY)  ASHINGTON, D. C.	76. CITIZEN OF WI	A.	WIDOWED		Mon	Ty & m		MD
ELAV IS	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE		Wheaten	16 860	SPITAL, NURSING HOME ACILITY, GIVE STREET ADDRESS)	ave		FOR MOST OF WORKING LIFE) HOUSEWIFE	PE OF WORK 12b K	IND OF BUI	
21201 F ANY D	PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN PETAN	MA	RYLAND MONTGO	Υ	13c. CITY OR TOWN WHEATON	13d. Y		STREET ADDRESS 10800 GEORG	GIA AVEN	UE	
RE, MD.	STATE BY		THER'S NAME WILLIAM	MIDDLE	PAGETT		MARY	E.		BARNE.	
ALTIMOS S AFTER	GINE PA	(1)	/AS DECEASED EVER IN U.S. ARM S. NO, OR UNKNOWN)     IF YES. GIVE W		16b. SOCIAL SECURIT		DONALD P.	SON ADDRESS HARDESTY	ADELPH	I, MD	
ORDS, 301 W. PRESTON ST., B	DING" BY PENCE, IN ITEM 18 EDICAL EXAMINER ALCOHG W 5 A BUBLAL TRANSIT PERMIT TH AND MENTAL HYCIENE, D ATION, OR REMOVAL	NC	18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIATE Canditions, if any, which gave rise to immediate couse (a) stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CONDITIONS CO.	BY:	AS A CONSEQUENCE	OF OF		scular Disc	(356)	APPROXIMATE	AND DEATH
TTAL REC	CHEF N	CERTIFICATION	19a. DATE OF OPERATION		TION FOR WHICH OPER	ATION WAS	PERFORMED?		20.	AUTOPSY?	NO <b>X</b>
JON OF	THE WITH THE WITH THE WITH THE BURN SHITMEN	MEDICAL CER	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH P.A	A. MONTH DAY YEAR			ENTER NATURE OF INJURY IN ITEM 18	3 PART 1 OR PART 2)		
DIVIS THIS CRR	WRITING VARDED AGE 3 S AATE DEP 201 PRIO	WED	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	STREET FAC	OF INJURY (AT HOME, TORY, FARM, ETC.)	21f LOCAT STREE		CITY OR TOWN	COUNTY	3-7/	STATE
MEDICAL EXAMINED.	CUTE THE CERTIFICATE.  E. A. SHOULD BE FORVEUNERAL DIRECTOR: P.  B. DEATH. WITH THE ST.  RINGSE. MARYLAND, 23.		ACTUAL SIGNATURE	of the remains de sol causes D;  Why S  HN G. BAI	Accident , Su	M.D.	Homicide TITLE (SPECIFY)  Depot 9	Inquiry , a Undetermined manner ,  MEDICAL EXAMINER  MARYLAND	nd in my apinian , DATE SIGNED 5		6,191
02	BP	24. F	URIAL, CREMATION, REMOVAL 23 "URIAL 9 JUNETAL DIRECTOFRANCIS O UNIV. BLVD., W.	/9/81 J. COLLI		HEAVEN		SILVER SPRING ON 10 1981	COUNTY  GISTRANS SIMM  MCGS	NTm st	MD.



within 24 havrs ofter death. Page

on and campletely filled in by the

marked ar Item 18 shaws any injury, ar ather traumatic event, th

IMPORTANT: If Rem 21 is

23a. BURIAL, CREMATION, REMOVAL

236 DATE

Burial 9/19/1981 Ft. Linc RALDIRECTOR Joseph Gawler's Sons Inc. NAME 5130 Wisc. Ave., N.W. Wash., D.C.

should be detached for use as the burial-transit permit. Then please remave carbanpapes with the State Dept, of Health and Mental Hygiene prior to burial, cremation, ar removal

WO FUNERAL DIRECTOR; After this certificate has been signed by the ATTENDING PHYSICIAN: The low

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Com		line	3	

	- STATE REGISTRAR				CERTII	FICATE OF DEATH	REG.	NO.		
	1. DECEASED NAME (TYPE OR PRINT)	FIRST	W	MIDDLE	HAR	MAN	20 DATE OF DEATH	1	6.1981	2b. HOUR 8:20 AM
	3. SEX Female		4 RACE White		MONT	t. 14, 1896	6. AGE (IN YEAR LAY)	YRS	MONTHS DAYS	IF UNDER 24 HRS
5	Jo. BIRTHPLACE (STATE O COUNTRY)		US	WHAT COUNTRY?	WIDOW		9 BALTIMORE CITY Montgo	_	Y OF DEATH	MD
	Bethesda		5606 A	Lta Vista	Rd.	OR OTHER INSTITUTION	120. USUAL OCCUPA (1486 of Work for MOS Homemake			OF BUSINESS OR
	USUAL RESIDENCE (IF NO 130 STATE Md.	136 COUN		GIVE RESIDENCE BEFORE 13c CITY OR TOW Bethesd	N	13d INSIDE CITY LIMITS?		lta Vi	sta Rd.	
8	14 FATHER'S NAME FIRST Abraham		MIDDLE	Weber		15 MOTHER'S MAIDEN NAM	WE		Couc	
	160 WAS DECEASED EVE (YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU	7901	17. INFORMANT Helen Jane H		RESS	no se i	tom 13
	Conditions, if on gove rise to in couse (a), statunderlying cour	nmediate ing the se last	(b)	R AS A CONSEQUE	NCE OF	0				
)	NOIL	PART 2. OTHER SIGNIFICANT CONDITIONS (				NOT RELATED TO THE TERM	200 AUTOPSY?	206 IF YES	S, WERE FINDIN	NGS USED
1	OR CONTRIBUTING	HOUR FA								NO L
	WHILE NOT V	VHILE [7	21e PLACE ( (AT HOME, STR	DE INJURY EET, FACTORY, OFFICE, FA		211. LOCATION STREET	CITY OR	HWOT	COUNTY	STATE
		sed alive on	/ /	16 198	7	nd that in (my) (per) apinion of	to death occurred on the	date and hou		that (I) (   lost couses stated
	22b. SIGNATURE	ph)	Lea	lacer	w	DEGREE ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN []	221. DATE	SIGNED . 16,198,
	Joseph		allace,	M.D.		5272 Rive1	Road, Be	thesda	Maryla	and

23c. NAME OF CEMETERY OR CREMATORY

Ft. Lincoln Cemetery

23d. LOCATION
Brity OR TOWN
rentwood

SEP 23

Maryland.

DHMH - 16 50M 1/81 (VRA 15, 4)

Fee. 75, 28/6 11 2/62 the sand the body fig. = Nonzeomorg | non emile Marie -Tucilmin 195-1707 XI Falon June Harmon, Dire. Turo on item 15 m 12 31 416 3 20 410 Location, addition, .... STYR River Book, Bearen , Largant . One for the second se .0.0.10.0.0. 1 de de la companya d

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after	
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	I	retained by the hospital or attending physicial
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1	FOR = STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 2 2	4 2 5 2
	ECEASED NAME FIRST PE OR PRINT)	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	Jean	L.	Harper		30 1981 12:40A
3. S		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Female	White	Dec. 25, 1899	81 YRS	
I	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Scotland	16 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgomery	OF DEATH MD.
10	Rockville	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) Potomac Valley	Nursing Home	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI  Homemaker	12b. KIND OF BUSINESS OR INDUSTRY  Home
27	Md. Mon	rother institution give residence before NTY 13c. CITY OR TOW Rockvi		13e STREET ADDRESS 1235 Potomac Va	alley Rd.
57	(Unknown)	MIDDLE LAST Lytham	(Unknown)	MIDDLE	Williams
D	No	RMED FORCES? 166. SOCIAL SECU 577-10-  Inly one couse per line for (o), (b), appending the secure per line for (o), (c), appending the secure per line for (o), a	3695-D Milton A. H	arper, Jr. 9903	n., Md. 20817 Harrogate Rd.
ony injury, or other troumotic ever	PART I. DEATH WAS CAUSIMMEDIA  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT	TE CAUSE (0)  DUE TO, OR AS A CONSEQUE  BY  DUE TO, OR AS A CONSEQUE  (5)  CONDITIONS CONTRIBUTING TO C	oronary urver	anal disease or condition gives	10 years, 20 years
S shows ony injur	21a. ACCIDENT WAS UNDERLYING	] ZIB. TIME OF INJURY	ZIC HOW INJURY OCCUR	IN CERTIF	S NO
norked or Item	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d, IN JURY OCCURRED NOT WHILE AT WORK	P.M.  21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FA	211 LOCATION	CITY OR TOWN	COUNTY STATE
ANT: If Item 21 is r	sow the deceased alive or	van Linebergen	DEGREE ATTENDING PHYSICIAN	death occurred on the date and hou	22. DATE SIGNED 9-30-81
23a.	MAURICE BURIAL, CREMATION, REMOVAL	VAN KINSBER	GEN 5715 MA	136 LOCATION BETT	
1/81 24 F	Burial  FUNERAL DIRECTOR JOSEPH	10/2/81 Gawler's Sons, re. N.W. Wash., D	te of Heaven 250 DAT	Silver Spring EREC'D BY REGISTRAR 25 REGIST T 5 1981 Fance	RARS SIGNATIANTHEN

Coroner notified In vin firesbergen 

BP

DHMH - 17 (VR A15 ME (5)) 15M 2/80

	1-:	FOR STATE REGISTRAR				T OF HEALTI	MARYLAND H AND MENTA CERTIFICATE	4.0	1	4 2	5 3
	1. DEC	EASED NAME OR PRINT)	stan le	ey .	M. MIDDLE	ŀ	Harri day		OF ESTI-		1.0.
	Ma	le	Black	lay 23,	1956	SE (IN YEARS   IF UNDER 1 YR.   IF UNDER 24 HRS.   21. DATE PRONOUNCED   22.55   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5   25.5					
6	10. CI	reign country) TY OR TOWN O	Md. FDEATH	U.S.A 1. NAME OF HOS (IF NOT IN SUCH FAI SUBURBE	PITAL, NURSING CILITY, GIVE STREET A	WIDON SHOME, OR OTI DDRESS)	VED DIVO	DRCED 120 USUAL FOR MOST	Montgomery OCCUPATION (TYPE OF OF WORKING LIFE)	REG. NO.  OWN MANTH DAY YEAR 75 HOUR  STI- ATED 9 1219 81 M  MONTH DAY YEAR 24 HOUR  2:55  A M	
5								130 STREET	Stonestree		
0	14 FA		ohn R. Ha	ärriday	LAST		FIRST	Della M.			LAST
1	16a. W	AS DECEASED	EVER IN U.S. ARME N) (IF YES, GIVE WA					. Harrid		) same	e as #13
	2	E 14 Canditians gave rise couse (a) s lying couse	, if ony, which to immediate tating the under-	(b)	as a consequ	JENCE OF		IN PART 1 (g.			
1	FICATIO	19a. DATE OF C	PERATION	19b. CONDIT	TION FOR WHIC	H OPERATION V	VAS PERFORMED?			20	
3 515	MEDICAL CERT	UNDERLYING CONTRIBUTING 21d. INJURY OC	ØOR G ☐ CAUSE OF DE	HOUR A.M ATH 2 PM 21e. PLACE C STREET, FACT	MONTH DAY  9 12  DEINJURY (AT  ORY, FARM, ETC.)	YEAR 1981 HOME. 211 LC	pedestri OCATION STREET	an struc	k by auto	COUNTY	STATE
					account X	Suicidy	Hamicide TITLE (SPECIFY	Undetermi	DATE KNOWN MONTH DAY YEAR 7b. HOUR OF ESTI-DEATH MATED 9 1219 81 MONTH DAY YEAR 7b. HOUR OF ESTI-DEATH MATED 9 1219 81 MATE ON DONOUNCED DEAD 9 1219 81 MATE ON PART 10 PEATH  Montgomery County, MD. OCCUPATION (TYPE OF WORK IN TO F BUSINESS OR INDUSTRY)  NONE  TAPPRESS  Stonestreet Avenue  Crockett  ADDRESS  day (mother) same as #13  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  120 AUTOPSY?  YES X NO   URE OF INJURY IN ITEM 18 PART 1 OR PART 2)  CK by auto  CITY OR TOWN COUNTY STATE  ICK AVE., ROCKVIIIe, MONT. MD  Inquiry ond in my opinion  Inquiry Ond Inquiry Office of Work III (Mont. MD)  ALEXAMINER  DATE  SIGNED 9/13/81		
SEX   RACE   May 23, 1956   May 23											
	(5	PECIFY)						CITY OR TO	OWN		STATE

EXAMINER'S NAME Thomas D. Smith, M.D.

| TYPE OF PRINT|
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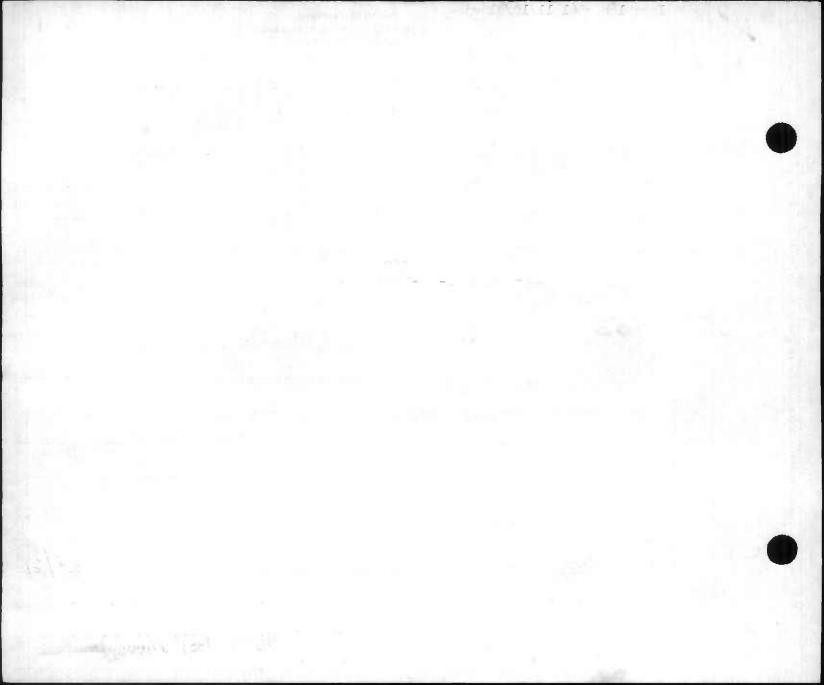
. 10 agreement the recommendate of the second of grafigen Tallin unfileed all val The second of the second sections of the second sec THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO SERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVE AND ADDRESS OF THE

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OTO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

DHMH - 16 50M 1/76 (VR A 15 (4) )

	-	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST Melvi	in unk	Harris	Sept. 26	1981 3:00
	3 SE	Male	4 RACE Caucasian	Jan 29 1 9 2 1	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 2 ONTHS DAYS HOURS
12	7a. BI	RTHPLACE (STATE OR FOREIGN ONIO)	76 CITIZEN OF WHAT COUNTRY  USA	* MARRIED NEVER MARRIED WIDOWED ** DIVORCED	Montgomer y	OF DEATH
00:		er Spring	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE 575 Thayer Ave	ING HOME OR OTHER INSTITUTION (T ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Salesman	12b. KIND OF BUSINES INDUSTRY Furniture
35	13a S	TATE 13b COI	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	WN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS 575 Thayer Ave	
50	14 FA	THER'S NAME FIRST Unkno		15. MOTHER'S MAIDEN NAM	ME Jnknown	LAST
medico	0		REPRESENTED FORCES? 166 SOCIAL SECULAR SECULAR SOCIAL SECULAR SOCIAL SECULAR SE		ton see 13 e	
5		Conditions, if ony, which gave rise to immediate	)			
yory, or ather	N O	cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEOU	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 110
ows ony injury, or other	TIFICATION	underlying couse lost	CONDITIONS CONTRIBUTING TO	<u> </u>	20n AUTOPSY? 20h IF YES.	WERE FINDINGS USED ING CAUSES OF DEATH
frem 18 shows ony injury, or other	CAL CERTIFICATION	underlying couse lost PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO  196 CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH [	DEATH BUT NOT RELATED TO THE TERM  H OPERATION WAS PERFORMED  21c HOW INJURY OCCUR	200 AUTOPSY? 20b. IF YES, IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH
orked or Irem 18 shows any injury, or ather	MEDICAL CERTIFICATION	Underlying couse lost  PART 2 OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	CONDITIONS CONTRIBUTING TO  196 CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH [	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED  21c HOW INJURY OCCUR!	200 AUTOPSY? 20b. IF YES, IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH NO TO TO THE PROPERTY OF THE PROPERTY O
em 21 is marked ar flem 18 shaws any injury, ar ather		Underlying couse lost  PART 2 OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DETAILS, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINE AT WORK AT WORK  220. I certify that (1) (this has say the deceased alive obove, (1) (we) idid idid idid	CONDITIONS CONTRIBUTING TO  19b CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH E P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE)	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED  DAY YEAR 19 21c HOW INJURY OCCUR! 19 FARM, ETC.) 21f LOCATION STREET 19 , and that in (my) (aur) apinion	200 AUTOPSY? 20b. IF YES, IN CERTIFY YES NO YES RED (ENTER NATURE OF INJURY IN ITEM 18, PA	WERE FINDINGS USED ING CAUSES OF DEATH NO COUNTY STA
ANT: If Hem 21 is marked or Item 18 shaws ony injury, or other		Underlying couse lost  PART 2 OTHER SIGNIFICANT  190. DATE OF OPERATION  21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF ETHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  220. I certify that (I) (this has saw the deceased alive or	CONDITIONS CONTRIBUTING TO  19b. CONDITION FOR WHICH  19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE)  101) view the body ofter death.	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED  21c HOW INJURY OCCURY 19 21f LOCATION STREET  21g and that in (my) (aur) apinion of DEGREE  ATTENDING	200 AUTOPSY? 20b. IF YES, IN CERTIFY YES NO FINJURY IN ITEM 18, PA	WERE FINDINGS USED ING CAUSES OF DEATH NO TO THE NO TO THE NO TO THE NO TO THE NOTICE OF THE N
MPORTANI: If Hem 21 is marked or Hem 18 shaws ony injury, or other	MEDICAL	Underlying couse lost  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF ETHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did in 22b. SIGNATURE)	196 CONDITIONS CONTRIBUTING TO  196 CONDITION FOR WHICH  196 CONDITION FOR WHICH  196 CONDITION FOR WHICH  197 HOUR A.M. MONTH E  198 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE)  199 OR PRINT)  COOKE MD	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED  21c HOW INJURY OCCUR! 19 21f LOCATION STREET  , 19  DEGREE  ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOPSY?  200 IF YES, IN CERTIFY YES NO FINIURY IN ITEM 18, PA  CITY OR TOWN  10 , 10 , 1  death occurred on the date and haur	WERE FINDINGS USED ING CAUSES OF DEATH NO TOTAL TORPART 2)  COUNTY STATE OF THE CAUSES OF THE CAUSES STATE



## within 24 hours after, deoth. Page 4 offending physicion. retained by the hospital or

should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar other troumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

oge 3 death poge

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 of se

REGISTRA	AR			CERTIF	CATE OF DEATH	REG. N	0				
DECEASED N	AME FIRST		MIDDLE	U	AST .	20 DATE OF DEATH		DAY YEAR	2b. HOUR		
(TYPE OR PRINT)	Joseph	Ed	ward	HATCH	, Jr.	September	: 24	1981	6:37A M		
3 SEX		4. RACE		5. DATE O		6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS		
Male		Caucas	ian	July		44	YRS.	MONTHS DAYS	HOURS MIN.		
7a. BIRTHPLACE COUNTRY)	I STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTR	MARRIED	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH			
Illino		USA		WIDOWE	D DIVORCED	Montgomery					
Bethes	da	Nation	al Nava	Medica	al Center	170 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF U. S. Nav	OF WORKING LIFE	126 KIND C INDUSTRY	DF BUSINESS OR		
Maryla		other institution oty erick	13c. CITY OR TO Freder	OWN	13d INSIDE CITY LIMITS? YES X NO [	13e STREET ADDRESS 1473 Eden	Drive	2			
14 FATHER'S NA	it	ward	HATCH,	Sr.	15. MOTHER'S MAIDEN N  Kathryn	AME	(	Gross	ıî		
160 WAS DECEA		MED FORCES?	166 SOCIAL SE		17 INFORMANT	ADDRI	ESS				
Yes, NO OR UN		-74	372 36	4697	LouEtta Mar	ie Hatch See	item	13			
PART 2 O		( (c)	R AS A CONSEC		NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVE	EN IN PART 110	)		
CERTIFICATION 190 DATE (	OF OPERATION	196. COND	ITION FOR WHI	CH OPERATION	WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDIN	OF DEATH?		
	ENT WAS UNDERLYING E BUTING CAUSE OF DEA NOTIFY MEDICAL EXAMINER	1111	M. MONTH	DAY YEAR	21¢ HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM TB PA	ART LOR PART 2)			
OR CONTRIE	Y OCCURRED  NOT WHILE AT WORK	21e. PLACE JAT HOME STE	OF INJURY REET FACTORY, OFFIC	CE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE		
22a. I certi saw t above	fy that (/i (this haspi he deceased alive on . (/i (we) (did) (did no	Sept	e deceased from 24 19 after death.		8 19 81 d that in (m/r) (our) opinion		4		that (we) lost couses stated		
726. SIGN	Richar CIAN'S NAME (TYPE O	126	Lews	s m	17 THI SICIAIN	MEDICAL STAI		Sept	.24,1981		
Ric	HARD	H.L	EWIS	M.D.		val Medical	Center	r, Beth	esda,Md.		
(SPECIFY)	MATION, REMOVAL	23b. DATE	23	L NAME OF CE	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE		
Burial		9/28/	OT \	Arlingto	on National	Arlingt	on Ar				

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR Douglas Stauffer Rt. To Fred. Md.

al Arlington Arlington
256 DATE REC'D BY REGISTRARIZED REGISTRATURE
SEP3 0 1981 Arlington National

1637

English and the second of the

## TD FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, is should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. INPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at none.

STATE OF MARYLAND

Silver Spring, Md

1-	FOR STATE REGISTRAR			DEPART		EALTH AND MEN		ENE 8	<i>L</i> .	4 6	, 3	0
	EASED NAME	FIRST	٨	AIDDLE	i.	AST			MONTH DA	YEAR	2h HO	UR
	Doroth	_	М			.ath		September			410	- 111
3 SEX		14	RACE		5 DATE O		YEAR	6. AGE (IN YEARS LAST BIRT		FUNDER I YEAR	# UNDE	R 24 HRS
Fer	nale		Black		July		926	55	YRS			
co	THPLACE (STATE OR FOR	EIGN 76		WHAT COUNTRY?	8 MARRIEI	NEVER MARE	RIED 🗆	BALTIMORE CITY O		OF DEATH		
	nsylvania		USA		WIDOWE			Montgomer				MD.
11-11	Y OR TOWN OF DEAT		JIE NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	R OTHER INSTITUT		12R USUAL OCCUPATH (TYPE OF WORK FOR MOST OF		12h KIND C		IESS OR
	lver Spring			0		Apt 115		Homemaker		N/	A	
Ma	ryland N	ontgo	Υ	GIVE RESIDENCE BEFORE  LISE CITY OR TOW  SILVET SK	N I				Leaf D	rive,A	pt 1	15
	THER'S NAME FIRST Exander	ME	Walker	LAST		15. MOTHER'S MA	ROSE	MIDDLE	0.6	iver	\$1	
Iáo W	AS DECEASED EVER IN		ED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRE				
	es, no or unknown)	I IF YES, GIVE W	(AR OR DATES)	577-30-9	869	Barbara W	lalker	r/Daughter/	same.	as 13e	,	
6	18 CAUSE OF DEATH PART I. DEATH WAR I. J. S. D. G. Conditions, if ony, gove rise to imme couse Io1, stating underlying couse	MMEDIATE which	DUE TO, OF	Inefor 101, 161, on RAS A CONSEQUE RAS A CONSEQUE	fafe? ENCE OF	CNOC	cel	C.Oy.Cli		SETWEEN	KIMATE INTE LONSET, ANI	RVAL D DEATH
CERTIFICATION		FICANT CO				NOT RELATED TO		200 AUTOPSY?	20h. IF YES,	WERE FINDS	NGS USE	D TH?
E			0 =					YES NO	YES		NO [	
	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA JIF EITHER, NOTIFY MEDICAL	USE OF DEATH	21b. TIME O HOUR A./	M. MONTH DA	AY YEAR	21c HOW INJURY	OCCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PAI	IT I OR PART 2)	4	4 7
MEDICAL	WHILE NOT WHILE AT WORK		21R PLACE (	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET		CITY OR TOW	/N	COUNTY	S	STATE
	22a   certify that (I) (I) sow the deceosed obove. (I) (i/we) 1% 22b. SIGNATURE	this hospital dalive on Collins (did not)	view the body	pt 14 19 8	. 0//	DEGREE ATTER	NDING _	MEDICAL STAP	F	ond from the	that (I)	toted
10.7	Dr. J. Mic	chael	Hamilto	on		110 TRI	KN6	ST, NW	, WA	SH DO		
(5	URIAL, CREMATION, R		23b. DATE 10-2-8	23c h		EMETERY OR CREM		23d LOCATION CITY OR TOWN Washington		OUNTY	.51	TATE
24 FU	Butial NERAL DIRECTOR		11800	NewoHamp			250 PAPE			A SEIGNA	V10	1.
Hiv	10x/Ringldi	EU	0:000		-SIVUR	AVE	00	10 1301	CHANCE	) Han	1 mil	NAU

DHMH-16 25M (VRA 15, 4) 1/79

Hines/Rinaldi F.H.

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executed within 24 hours ofter

death certificate

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TTENDING PHYSICIAN: The

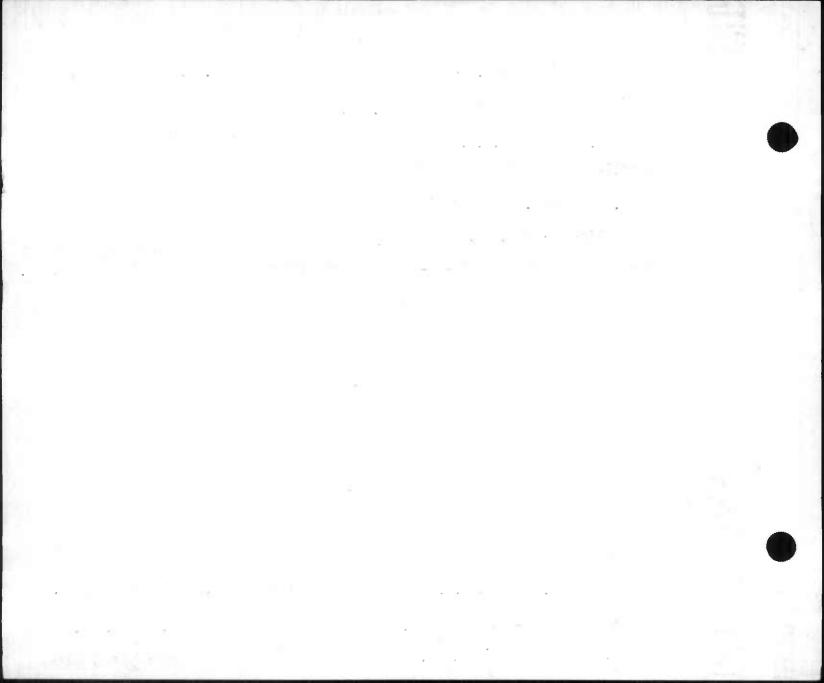
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	1 -	FOR STATE REGISTRAR			DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENT ICATE OF DEAT		ENE 8	2	4 2	5	1
4		CEASED NAME ORPRINT)	FIRST Sylv	ester É	. Hebr		AST		Sept. 5,		AY YEAR	2b. HO	UŘ M
	3. SEX	Male		RACE Bla	ck	S DATE C			6. AGE LIN YEARS LAST BIRTH	YRS.	FUNDER I YEAR	HOURS	R 24 HRS
3		RTHPLACE (STATE OR FO	DREIGN ]	U.S	.A.	WIDOWE		ED 🔲	9 BALTIMORE CITY OF MONTGOME				MD.
3		ockville	тн				tist Hospi		17a USUAL OCCUPATK (TYPE OF WORK FOR MOST OF		12b. KIND ( INDUSTRY		IESS OR
5	13a S	AL RESIDENCE (IF NURS	13b COUNT MONT	OTHER INSTITUTION, TY G •	ROCKV	TOWN	134 INSIDE CITY () YES NO		131. STEF APPRESS	beth			
50	14 FA	THER'S NAME FIRST ETS	ha Hế	bron, S	r. LAST		15 MOTHER'S MAI		nce Fisher		LA	AST	
/	16a. W	VAS DECEASED EVER (ES, NO OR UNKNOWN)		AED FORCES?		0-7364	Deborah (	Clagg	ett(daughte			ux P burg	, Md.
	ATION	Conditions, if any, gove rise to imm cause io', statin underlying couse  PART 2 OTHER SIGN  110 DATE OF OPERA	which nedicte g the lost	DUE TO, OF	R AS A CONSI	EQUENCE OF		HE TERMI	NAL DISEASE OR CONE	20b. IF YES,	N IN PART 1 WERE FINDI	INGS USE	
7	CAL CERTIFICATION	21a ACCIDENT WAS UND OR CONTRIBUTING (IFEITHER, NOTIFY MEDIC	AUSE OF DEAT	21b. TIME O HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY	OCCURR	YES NO	YES		NO [	
	MEDICAL	21d INJURY OCCURE WHILE NOT WE AT WORK AT WO	HILE 🗀	2)R PLACE ( (AT HOME, STR		FFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOW	N	COUNTY	5	STATE
	16	220.1 certify that (1) the decease above, (1) (we) to	olive on_			19, or			, to leath accurred on the do		and from the		toted
		278 GIGNATURE	skay	Coren	Br	M	PHYS	IDING ICIAN -	MEDICAL STAF	F IAN	P DATE	7/8	2/_
/		Jeffr		Weidig	, M.D.		16220 Fr	reder	ick Ave., G	aither	rsburg	, Md.	•
	23a. B	URIAL, CREMATION, SPECIFY) Buria		236. DATE 9-11,	1981		emetery or crem ul Cemete		23d LOCATION CITY OF TOWN	nd, Mo	ntq. M	id.	STATE
8	24 FU G€	ineral director corge R. SI	nowder	246 N. Rockvi	Washi lle, M	ngton S d. 2085	treet	SEP	1 4 1981	756. REGISTR	AR'S SIGNA	TURE	Bur

DHMH-16 20M {VRA 15, 4} 7/78

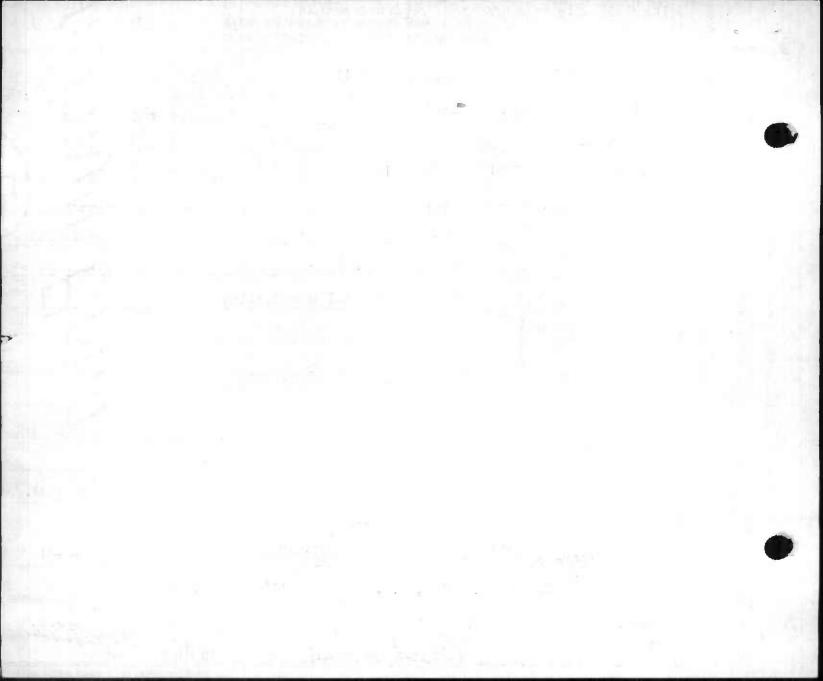
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral distributed be detached for use as the burial-transit permit. Then please remove corbanopers. Pages I and 2 should be filed within 72 help with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MAPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examples

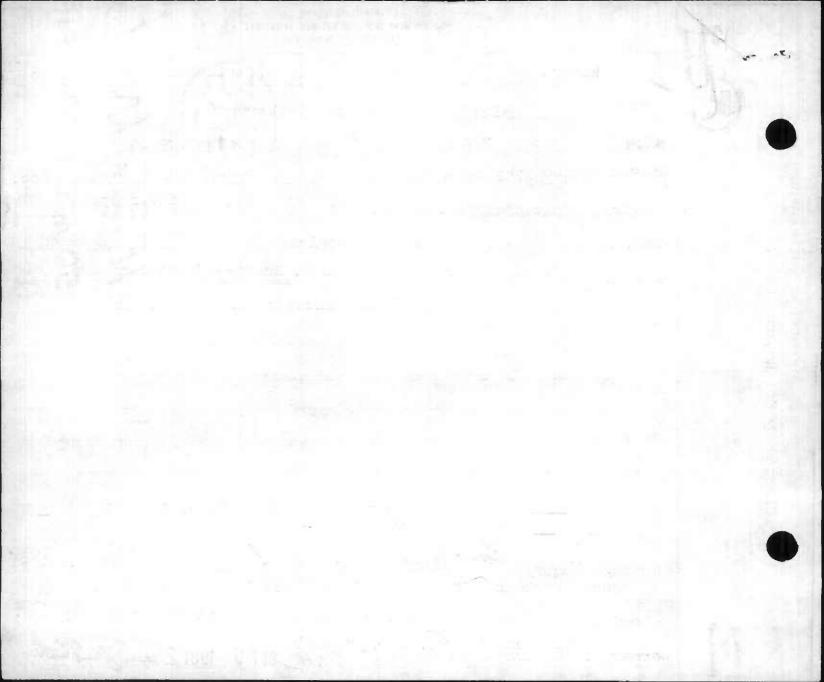


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-	EATH. IF ANY DELAY IS N ES 1, 2, AND 3 TO THE FU PARTAIN PAGE 5 NND 2 SPROUD BE FILED.			(IF IN NURSING HOM	E OR OTHER I	NSTITUTION, GI	VE RESIDENCE	BEFORE ADMISS	ION)	113d. INSIDE CITY L		. STREET ADD						ALL
21201	ANNO	13a. S'	yland	1 /	tgom	erv		or town			_		hesh:	ire	Dri	170		
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Α,	DEATH.		Guy		MIDDLE			adwic	<b>Ն</b>	T/i C	let		MIDDLE		В	eck	wit	:h
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	XECUTED WITHIN 24 HOURS AFTER NG" IN PENCIL IN ITEM 18. GIVE PA CAL EXAMINER ALONG WITH FOR BURIAL - TRANSIT PERMIT PAGES I AND MENTAL HYGIENE, DIVISION OR REMOVAL.	H	7es	OF DEATH (Enter			_		240	treder	1CK	петту	-Husi	Janic	- 12	APPRO)	HAATE IN	TERVAL
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۵	WR VARI AGE 2120		AT WORK	AT WORK		ПС	)IIIC			921 Une	eshire	Dr.	B	etne	sda	Mont	g.M	a.
	JER: THIS CER CATE, WRITIN FORWARDED OR: PAGE 3 S HE STATE DEP (ND, 21201 PR		22a   cert	ify that I taok cho	arge of the	remains de	scribed abo	ve, held an	Autap	sy XX. In	nspectian [	], Inqu	iry .	ond in	my opinio	n		
	AND THE STATE OF T		deoth result	red fram; Na	tural caus	es .	Accident	□ , s	uicide X	, Hamicide		Indetermined	manner					
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	A A A CO	1	ACTUAL SIGNATURE	Urgmi	ar	Wal	an		^	ASS IS	tant	MEDICALEX	AMINER		ATE	9-	3-81	
	OR SEA			0	,								The same					
	¥ D H Z H M		EXAMINER'S (TYPE OR PRI	NAME V	irgin	ia L.	Dola	n, M.D	•	ADDRESS	III F	enn St	treet					
11.	TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 33 AFTER DEATH, WITH THE STATE DE BALFIMORE, MARYLAND, 21201 PL	23a B	URIAL, CREMA	TION, REMOVAL	23b. DAT	E	23c. 1	NAME OF CE	METERY	R CREMATORY	r 2	3d. LOCATIO	Z	Roc	kin	gha	m STAT	E
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	15M 2/80	Harries .		AVE	200	- 140				The state of the s								



_	Robert   Race   September 5, 1981	260						
		00.001-151				20 DATE OF DEATH	MONTH DAY YEA	AN HOOK
1. FOR REGISTRAR  1. DECEASED NAME FIRST ROBERT E. LAST ROBERT FOR FOR THE REGISTRAR  1. DECEASED NAME FIRST ROBERT E. LAST ROBERT E. LOW ROBERT E	DAY YEAR		RIHDAY) IF UNDER : Y					
1	7a BI				30 1921			
59	(	COUNTRY)		MARRIE	A		_	
00	S	ilver Spring	1703 Lansdow	ne Way		12a USUAL OCCUPAT	OF WORKING LIFE)	Frican of
The form of the property of of the pr	13d INSIDE CITY LIMITS?	13e STREET ADDRESS		ring, MD				
PARTMENT OF HEALTH AND MENTAL HYGIENE   PROCESS   PARTMENT OF HEALTH AND MENTAL HYGIENE   PARTMENT OF HEALTH AND MENTAL HYGI	LAST							
1- FOR REGISTER REGIS	gerton							
edic	(	(ES, NO OR UNKNOWN) (4F YES, GIV	E WAR OR DATES)					1.20
e /		No l	284 20	4546	Joan K. He	enze-wire		
ws any injury, ar	IFICATION					20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU	NDINGS USED ISES OF DEATH?
Robert E. Henze  3. SEX  Male  Ja. BIRTHACE (STATE OR FORLOW DEATH OF White TOWN OF DEATH OF White TOWN OF DEATH OF WHICH OPERATION DEATH OF WHITE OR POPULAR OF THE PART I DEATH WAS CAUSED BY:  MICH  Ja. BIRTHACE (STATE OR FORLOW DEATH OF WHITE OWN OF WHAT COUNTRY? B. MARRIED NO COUNTRY? B. WIDOWED NO COUNTRY? B. WAS DECEASED TOWN OF DEATH OF WHITE OWN OF DEATH OWN OF STATE OWN	21c HOW INJURY OCCUR			NO [				
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2					lary <sub>19</sub> 64	sept.	5, 1981	, that (I) (=== lo
23		sow the deceased alive on above, (1) (eq.) (del) (del-	Sept 4 19	81 . one	that in (my) (🏎) opinion	death occurred on the d	ate and hour and from	the couses stated
# #e#		22b. SIGNATURE	1 Jours 1		O ATTENDING	MEDICAL STA	55	
				inci 14	PHYSICIAN	DIRECTOR   PHYSIC	IAN Se	pt.5,19
			/ .			gia Ave.	Sil. Spr.	, MD 20902
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1	Wa FL	NAME 8434 Arner E. Pump	Georgia Ave.	8.S.	MD20910 250. DA	FP 9 1981	25h REGISTRAD STOR	an Westher



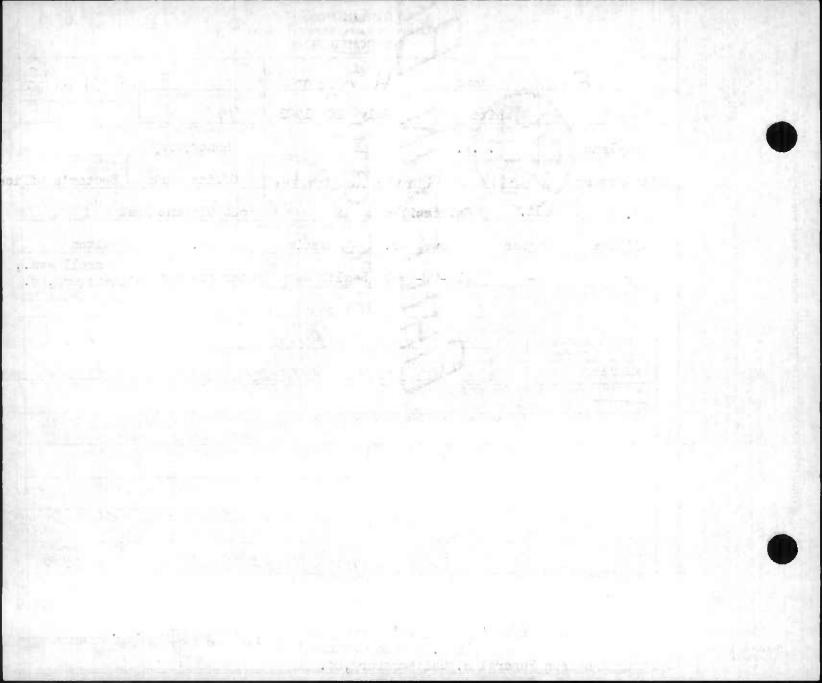
STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CEPTIFICATE OF DEATH	

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- 1	1.	FOR STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL HYG ICATE OF DEATH	REG. N	0		
		CEASED NAME FIRST (CORPRINT)	0 F	MIDDLE	И	exo, et	20. DATE OF DEATH	MONTH D	YEAR L Q1	26 HOUR
(10	3. SE		4 RACE	LOWE		OF BIRTH OH YEAR	6 AGE (IN YEARS LAST BIF		FUNDER I YEAR	IF UNDER 24
7	7a. B	IRTHPLACE (STATE OR FOREIGN	Whit	WHAT COUNTRY?	Ju.		9 BALTIMORE CITY O	YRS.	OF DEATH	
35		Maryland		.A.	WIDOWE		Montgo	nery		
0	Ga	ithersburg	(IF NOT IN SU	CH FACILITY, GIVE STREET		Cave Center	(TYPE OF WORK FOR MOST COffice	OF WORKING LIFE	12b. KIND O INDUSTRY Docto	FBUSINES
BS	USU 13a S	AL RESIDENCE (IF NURSING HOME OF STATE ME COL	DROTHER INSTITUTION INTY	136 CITY OR TOW	'N	13d. INSIDE CITY LIMITS?	136. STREET ADDRESS 624 Clem	ent Ros	ad	
Scomin Comming	14. F/	ATHER'S NAME FIRST William H	middle ughes	Rowe,	Sr.	15. MOTHER'S MAIDENNA Bessie	ME MIDDLE H.		Poulte	'n
Z dicol		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	212-09-6		17. INFORMANT Health Care (	ADDR Center Reco		Russe	ell Av
ny injury, or oth	ATION	PART 2. OTHER SIGNIFICANT	(c) CONDITIONS C		STA DEATH BUT		CIN DNCO	DITION GIVE	N IN PART 10	
9	CERTIFICATION					IN WAS FERFORMED	YES NO		ING CAUSES	
Item 18 s	MEDICAL CEI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING . CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	ER) P	.M. MONTH DA	AY YEAR	21c HOW INJURY OCCURI	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PAI	RT 1 OR PART 2)	
arked or	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC )	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STA
n 21 is m		220 I certify that (1) (this hose saw the deceosed alive abave (1) (we) (did) (did n	poital) strended was selected with the selected	ne deceased fram 19		nd that in (ny) (our) opinian	to Sept death occurred on the d	ate and hour	ond fram the	that (i) (we causes state
# He	-	27E SIGNATURE	SPE	Mas	8	MD ATTENDING PHYSICIAN	MEDICAL STA		224. DATE	SIGNED
ž-d										
MPORTANT		James R.	10	eJr.		207 Brot	skes Ave	Gai	Thers	Gura
IMPORTANT	23o. E		moor	23c. N		0-0	23d. LOCATION CITY OR TOWN	Gallon, Dy	COUNTY	Gura

DHMH-16 30M 2/80 (VRA 15, 4)

BP.



## STATE OF MARYLAND

1 2

FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
STATE REGISTRAR	CERTIFICATE OF DEATH

1.	STATE REGISTRAR	DLI ARTI		ATE OF DEATH	REG. NO.	dia dia	6.4
	CEASED NAME FIRST	WIDDLE	Lo	TTIE	20 DATE OF DEATH MON	bs/9/	26 HOUR 125
3 SE	X	RACE	5. DATE OF E		6 AGE (IN YEARS LAST BIRTHDAY		
	Female	White	MONTH 4	8 96	85	YRS MONTHS DATE	HOURS MIN.
	Md.	U.S.A.  11. NAME OF HOSPITAL, NURSIN	WIDOWED [	DIVORCED [	MONTG	OMERI	MD.
P	AL RESIDENCE IN NU	(IF NOT IN SUCH FACILITY, GIVE STREET  SUBURB  OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADDRESS)	OTHER INSTITUTION	12a USUAL OCCUPATION		
	Md.	A Bethesd	á	d. INSIDE CITY LIMITS?	13e STREET ADDRESS 22700 Geor	gia Ave.	
14. F/	ATHER'S NAME FIRST N	Brookv	ille	MOTHER'S MAIDEN NA	WE	ŁA	ST
	WAS DECEASED EVER IN U.S. ARA		IRITY NO. 17	INFORMANT	ADDRESS		
(	YES, NO OR UNKNOWN) (IF YES, GIVE	219-54-	7486	Mae Tolst	oi Wash	ington,	D.C.
	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED IMMEDIATE		0-10	si rali	anes	APPROX BETWEEN	XIMATE INTERVAL ONSET AND DEATH
	Conditions, if any, which	DUE TO, OR AS A CONSEOUI	ENCE OF	- Del	ydontia	2 Sore	al days
	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	ENCE OF	Dilata	ting fre	A pro-	rays?
NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO I	DEATH BUT NO	OT RELATED TO THE TERM	AINAL DISEASE OF SONDITION	ON GIVEN IN PART I	· lia
CERTIFICATION	19a date of operation	19b. CONDITION FOR WHICH	OPERATION V	WAS PERFORMED		LIFYES, WERE FINDI CERTIFYING CAUSES YES [	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH D	AY YEAR	To HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN I	TEM 18 PART   OR PART 2)	
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F		IF LOCATION STREET	CITY OR TOWN	COUNTA	STATE
	00-1	li e la	9-7	3 - 0	9-76	T- 1	

sow the deceased alive on the body offer death.

ATTENDING PHYSICIAN 22e ADDRESS

MEDICAL STAFF
DIRECTOR PHYSICIAN

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

22c. DATE SIGNED 25-

226. PHYSICIAN'S NAME (TYPE OR PRINT

KREV

5411 CEDAR CANE

JETH.

BP.

ATTENDING PHYSICIAN: The low

etoined by the hospital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dir should be detached for use as the buriof-transit permit. Then please remove carbon-papers. Pages 1 and 2 should be filed within 72 has with the State Dept. of Health and Mental Hygiene prior to buriof, cremation, or remaval.

IMPORTANT: If Item 21 is marked or Item 1B shows any injury, or other traumatic event, the medical exagined, must becomised by pages.

DHMH - 16 50M 1/81 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Removal 23b. DATE 9/28/81

23¢ NAME OF CEMETERY OR CREMATORY

DEGREE

23d LOCATION CITY OR TOWN

COUNTY STATE

24 FUNERAL DIRECTOR

Anatomy Board

Balto., Md.

, and that in (my) (our) opinion death occurred on the date and hour and from the

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	PHYSICIAN: The low requires that the death contilicate be executed within 24 hours after death. Page 4 may trending physician.	if this certificate has been signed by the attending physician and completely filled in by the fundant director, the buriot-transit permit. Then please remove canonical pages. I and 2 should be filled within 72 hours after and Mental Hygiene prior to buriot, crematics on minimary.
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USION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	PHYSICIAN: The Itemating physicion.	ir this certificate has been signed by the uttending physician and completely the busiol-transit permit. Then please remove carbon adden. Pages 1 and 2 is and Anental Hygiene prior to busiol, cremation, arismostic

	1.	FOR - STATE REGISTRAR	DEPARTM	STATE OF MARY ENT OF HEALTH AND CERTIFICATE OF	D MENTAL HYGI	ENE 8 1 2	4263
1		CEASED NAME FIRST	WIDDLE	LAST	,	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
1	2.00	ANI		HIL	h	9	6813A
	3. SE	TEMALE	CAUCASIAN	S DATE OF BIRTH	9 YEAR 7	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
1	70. B	IRTHPLACE (STATE OR FOREIGN COUNTRY) VASH D.C	U-S. A.	MARRIED NEVE	R MARRIED   DIVORCED	9 BALTIMORE CITY OR COL	
8	Si	Ver Sylva	11. NAME OF HOSPITAL, NURSING	S HUS	P.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	126 KIND OF BUSINESS OR
3	13a. S	MONT	OTHER INSTITUTION GIVE RESIDENCE BEFORE A TY  13c. CITY OR TOWN  GOMERY SILVEY SOY	Tra 13d. INSIDE	№ 🗌	13e STREET ADDRESS 9605 GARWOOD	STREET
50	14. FA	ATHER'S NAME JAMES	F. HANRAH		R'S MAIDEN NAM FIRST NETTIE	MIDDLE	DOVE
1		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATEST	3-8219 SII		ADDRESS HILL SAME AS	13 HUSBAND
		PART I. DEATH WAS CAUSED	DUE TO, OR AS A CONSEQUEN	ORETPIAN NCE OF PAR VASC		BRAGET	APPROXIMATE INTERVAL BETWEEN QMSET AND DEATH
	NOIL		onditions <u>contributing to di</u>				
2	CERTIFICATION	190 DATE OF OPERATION  9/5/9/	ify Once I	JALUS		YES NO NO IN CE	F YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \( \text{ NO } \( \text{ \text{ NO } \text{ \text{ \text{ NO } } \text{ \text{ \text{ NO } } \text{ \text{ \text{ \text{ NO } } \text{ \text{ \text{ \text{ NO } } \text{ \text{ \text{ NO } } \text{ \text{ \text{ \text{ NO } } \text{ \text{ \text{ \text{ NO } } \text{ \text{ \text{ NO } } \text{ \text{ \text{ NO } } \text{ \text{ \text{ \text{ NO } } \text{ \text{ \text{ \text{ NO } } \text{ \text{ \text{ NO } } \text{ \text{ \text{ NO } } \text{ \text{ \text{ \text{ NO } } \text{ \text{ \text{ \text{ NO } } \text{ \text{ \text{ NO } } \text{ \text{ \text{ \text{ \text{ NO } }  \text{
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		Y YEAR	INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEA	A 18 PART ( OR PART 2)
	MEDICAL	21d. INJURY OCCURRED  WHILE ON OT WHILE OF AT WORK	21e. PLACE OF INJURY	21f LOCAT STRE		CITY OR TOWN	COUNTY STATE
		220.1 certify that (1) (this hospits sow the deceased alive an above, (1) (we) (did) (did not 22b. SIGNATURE	of) ottended the deceosed from	, ond that in (m		, to eath occurred on the date and	hour and from the causes stated
		P	I topole	DEGREE		MEDICAL STAFF DIRECTOR   PHYSICIAN	224. DATE SIGNED 916(81
		REMAINS NAME ITYPE OR	TODAK MD	22e ADDRI		recordin Ama	. cl.cl.m.

AATORY 23d LOCATION
CITYORTOWN
SILVER SPRING MONT MD.

250 DATE REC'D, BY REGISTRAR 25B REGISTRAR SONATURE 230. BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY BURIAL 24 FUNERAL DIRECTOR MD. BURIAL 9/9/81 GATE
4 FUNERAL DIRECTOR FRANCIS J. COLLINS
500 UNIV. BLVD., W., SILVER SPRING, MD. GATE OF HEAVEN SEP 10 1981 20901

DHMH - 16 50M 1/81 (VRA 15, 4)

-
MARYLAND 21201
, BALTIMORE,
PRESTON ST.
0 W
OF VITAL'RECORDS,
DIVISION

		REGISTRAR CEASED NAME FIRST		WIDDLE	CERTIFICATE OF		REG. NO.  20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	(1496	OR PRINT) Edu	rand	BARON	HILL	JR	9-	15-81	12:0
)	3 SE	MALE	4. RACE	HITE	5. DATE OF BIRTH	26	6 AGE (IN YEARS LAST BIRTHDAY)  55 YRS	MONTHS DAYS	HOURS
51		RTHPLACE (STATE OR FOREIGN COUNTRY)  Illinois		S.A.	MARRIED NEVER	MARRIED K	9 BALTIMORE CITY OR COUN Montgomery	TY OF DEATH	
11	T	ty or town of death akoma Park	Washin	och facility, give street a ligton Adver	ntist Hespi		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING  Clerk	HEE) INDUSTRY	of Busine Persor Zement
3	130 S Ma:			N. GIVE RESIDENCE BEFORE . 13c. CITY OR TOWN Gaithers	ourg YES X	NO 🗌	13e STREET ADDRESS 437 West Side		
50		THER'S NAME FIRST  Edward	Baron	Hill,	Sr. M	rs maiden nam First ary	Cecilia	Gera	ghty
1			ARMED FORCES?  GIVE WAR OR DATES!  W II	360-18-5		E. Hill	437 West Sid	Md. 20	# 101 0877 XIMATE INTERV
		Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause lost.  PART 2 OTHER SIGNIFICAN	(c)_	REMAL  DR AS A CONSEQUE  MOU  ONTRIBUTION	theceuse	1 - he	wenary  Cardiae	utut	In:
9	CERTIFICATION	4000 190 DATE OF OPERATION 8/31/8/	olyfh Seven	re triple	OPERATION WAS PERFO Vessel co	Ctery ORMED ronary	200 AUTOPSY? 206. IF Y	ES, WERE FIND TIFYING CAUSE YES	alel
9	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAM.  21d INJURY OCCURRED	DEATH HOUR A	OFINIURY  A.M. MONTH DA  P.M.  OFINIURY	Y YEAR 19 21f LOCAT	ION	ED (ENTER NATURE OF INJURY IN ITEM 18		
	W	WHILE NOT WHILE AT WORK  220.1 certify that (I) (this ha		TREET FACTORY OFFICE, FA	RM EIC) STREE	10 8/	to 9/15	COUNTY	, that (I) (w
		saw the deceased alive above, (1) (we) (did) (did 22b. SIGNATURE			DEGREE	ATTENDING	MEDICAL STAFF	our and from the	
I: If Nem 21 is marked		/	V. rec	ucc. c	10	PHYSICIAN I			
		22d. PHYSICIAN'S NAME (TW	5, Ne	EIMAT,	70- 220 ADDRE	SS 831 SILVER	UNIVERSITY	Blvd D. 23	6 903

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tea by the attending physician and campletely please remave carbanpapers. Pages I and 2 sh

should be detached for use as the burial-transit permit. Then please remave carbanpapei with the State Dept. of Health and Mental Hygiene priar ta burial, cremation, ar remaval.

FOR - STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4 2

CERTIFICATE OF DEATH

REG. NO.

I. DECEAS	SED NAME	FIRST		MIDDLE		AST	- 1	20 DATE OF DEATH MO			2b HOUR
(ITPE ON PH	IINE)	MARY	Z		H	ILL			09/2	26/81	12:39
3. SEX Fer	nale		Caucas	ian	Sept	26° 191°2		AGE (IN YEARS LAST BIRTHDA		UNDER YEAR	IF UNDER 24 HRS HOURS MIN.
Penn	PLACE ISTATE OR FO	REIGN 7	USA	WHAT COUNTRY?	8 MARRIEI WIDOWE	NEVER MARRIED		Montgon	COUNTYC	)F DEATH	N
	PRIOWNOFDEA	,				Hospita		20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORK FOR	ORKING LIFE)	INDUSTRY	f N. Y.
13a STAT		13b COUNT	TY	Silver Silver	N	13d INSIDE CITY LIMI YES NO [	$\mathbf{x}$	36 STREET ADDRESS 405 Kelmso	ot D	rive	
ame	R'S NAME FIRST	n/ä́	IDDLE G	ilmour		Mary	ENNAMI	n/a		lley	1
	DECEASED EVER I	N U.S. ARA (IF YES, GIVE T	MED FORCES? WAR OR DATES)	068-141		Edmund I	г. н	ill see 13e			
18	PART I. DEATH WA	AS CAUSED	y ane cause per BY: CAUSE (a)	line for (a), (b), and		ARR	ES	7		BETWEEN	MATE INTERVAL ONSET AND DEATH
NO PAI	RT 2 OTHER SIGN	se.	Ather	ontributing to conscience	P/	NOT RELATED TO THE		AL DISEASE OR CONDIT	Ob. IF YES,	WERE FINDING CAUSES	NGS USED
0.0	ACCIDENT WAS UND	AUSE OF DEAT	-	DE INJURY M. MONTH DA	Y YEAR	21c. HOW INJURY O	OCCURRE	D (ENTER NATURE OF INJURY IN		T 1 OR PART 2)	,,,,
W .	INJURY OCCURR		21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	21f LOCATION STREET		CITY OR TOWN		COUNTY	STATE
220.	sow the decease obove, (I) (we) (d	ger .	~ / .	2/ ofter death.	21/	nd that in (my) (aur) ap	pinion de	ath accurred on the date	and hour o		tha (1) we) la couses stoted
226	SIGNATURE	120	120		M	ATTEND PHYSIC		MEDICAL STAFF OTRECTOR   PHYSICIAI	и 🗆	22c. DATE	SIGNED
22d.	PHYSICIAN'S NA A. Ro		egeliti)	n		Silver	701	Rossm	100	209	06
23a. BURIA (SPECII	al, CREMATION, I	REMOVAL	23b. DATE 9-28-			emetery or cremat Hill Crema		23d. DOCATION CITY OR TOWN Y Suitland,	Pr.	Georg	e, Md.
24 FUNEI	RAL DIRECTOR		o, Inc.	Silver Sp		25	OF	2 1981	Plantes.	(S) RENT	lasie

DHMH - 16 60M 1/75 (VR A 15 (4))

retained by the haspital ar attending physician.

TO HOSPITAL

TO FUNERAL DIRECTOR: After this

Condition for a provident of the condition of imagines of the STAR

ATTENDING PHYSICIAN: The low

medical examiner from the gottle

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physical should be detached for use as the burial-transit permit. Then please remaye carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

signed by the oftending physicion and completely hen please remove carbonpopers. Pages 1 and 2 sh

/	1.	FOR STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND BEALTH AND MENTAL H ICATE OF DEATH	YGIENE &	2 4 2 6	5 7
		CEASED NAME FIRST CATHERINE	NE MIDDLE	Hoi	e KAN	20 DATE OF DEATH MO	18 1981	HOUR
	3. SE	X	4 RACE	5. DATE (	OF BIRTH	6 AGE (IN YEARS LAST BIRTHD		UNDER 24 HRS
		Female	Caucasian	Feb.	15, 1897	84	YRS	MIN.
27		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT C	OUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
11		rgland	U.S.A.	WIDOWE		Montgomeri	1	MD.
10	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITA		OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b KIND OF E	BUSINESS OR
00	SA	ilver Spring	Holy Cross				esident Manag	гол.
25		AL RESIDENCE (IF NURSING HOME OF		PENCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS?			
55	Mar			er Spring	YES X NO		Drive Apt.	511
1		ATHER'S NAME	WIDDLE	LAST	15 MOTHER'S MAIDEN	NAME		
50		James	Slo		Elizabet	h	McDermo	tt.
1		VAS DECEASED EVER IN U.S. AI		CIAL SECURITY NO.	17 INFORMANT	son ADDRESS		
-	4	10		-24-5663	James A. Ho		Rockville, 1	
		18. CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS!  HAMEDIA  Conditions, if ony, which gove rise to immediate couse to stating the underlying couse lost.	DUE TO, OR AS A C	ONSEQUENCE OF	ote Hea	A Junie	yerreps 6	TE INTERVAL  FET AND DEATH  THE PROPERTY OF TH
2	CERTIFICATION	PART 2 OTHER SIGNIFICANT	hellet	TING TO DEATH BUT	tyro/hm	200 AUTOPSY? [20	Ob. IF YES, WERE FINDING N CERTIFYING CAUSES OF	S USED F DEATH?
9	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE			21¢ HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN		
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJUR (AT HOME, STREET, FACTO	RY	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		22a.1 certify that (this hasp saw the deceased alive or above, (1) (see (abd) (did no	9/14	108/	d that in (my) (and opinion	on death occurred on the date	- /	t (we) lost uses stoted
		22b. SUSNATURE	efr.	no	DEGREE ATTENDING PHYSICIAN		22c DATE SIC 9/18	18/
1	4	HC MAC	AHZINI		50 W.Edi	wasten dre.	De Knolsh	39852

BP. DHMH - 16 50M 1/81 (VRA 15, 4) 230 BURIAL, CREMATION, REMOVAL Burial Sep. 22, 1981 Francis J. Collins 24 FUNERAL DIRECTOR

Gate of Heaven

231 NAME OF CEMETERY OR CREMATORY

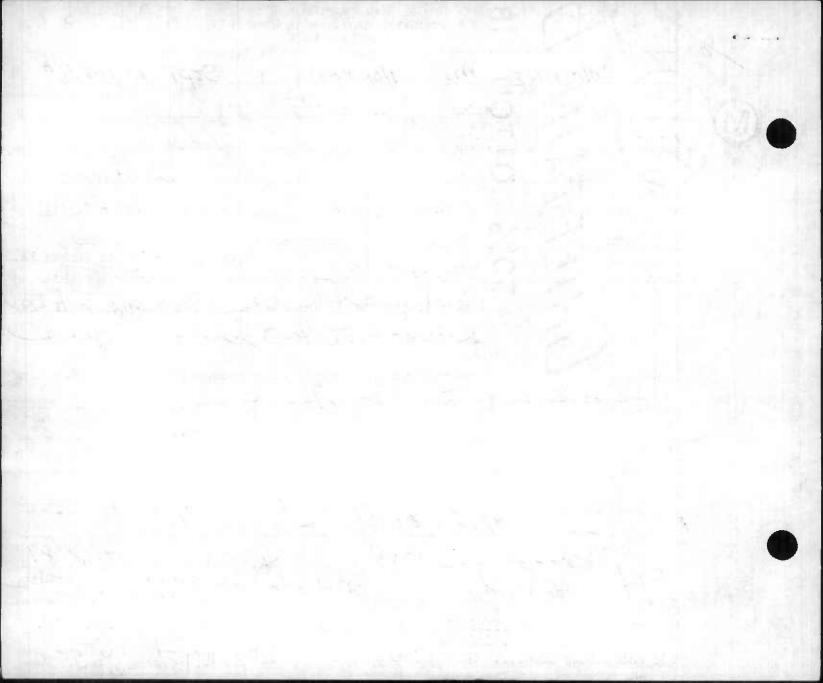
23d LOCATION /
Silver Spring

Mont. Md.

Silver Spring, Md. 500 University Blvd., W.

23b. DATE

SEP 2 2 1981



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2	4	10	0	0

- STATE REGISTRAR DECEASED NAME FIRST Herman 20 DATE OF DEATH H. MONTH Hitz 7h HOUR (TYPE OR PRINT) Herman 3. SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH Male White June 1916 19 TO BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED D.C. U.S.A. WIDOWED DIVORCED Montgomery 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Station (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
16616 Georgia Ave. TYPE OF WORK FOR MOST OF WORKING LIFE Olney Gasoline Proprietor USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 13b. COUNTY 13c, CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Md. Mont. Olney YES [ 16616 Georgia Ave NO [ 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Herman Phyllis Horman Hitz 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS (IEYES, GIVE WAR OR DATES) 578-03-1027 Virginia M. Hitz, Wafe. Same as item 13 No APPROXIMATE INTER 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: mon-IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 9a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Carcinoma NO 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURNED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) COUNTY STATE NOT WHILE 22a-1 certify that (I) (this hospital) attended the deceased from sow the deceased alive on above, (I) (we) (did) (did not) view the body offer death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22b. SIGNATURE

22e ADDRESS

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL STAFF

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY

CITY OR TOWN

Silver Spring.

DHMH - 16 50M 1/81 (VRA 15, 4)

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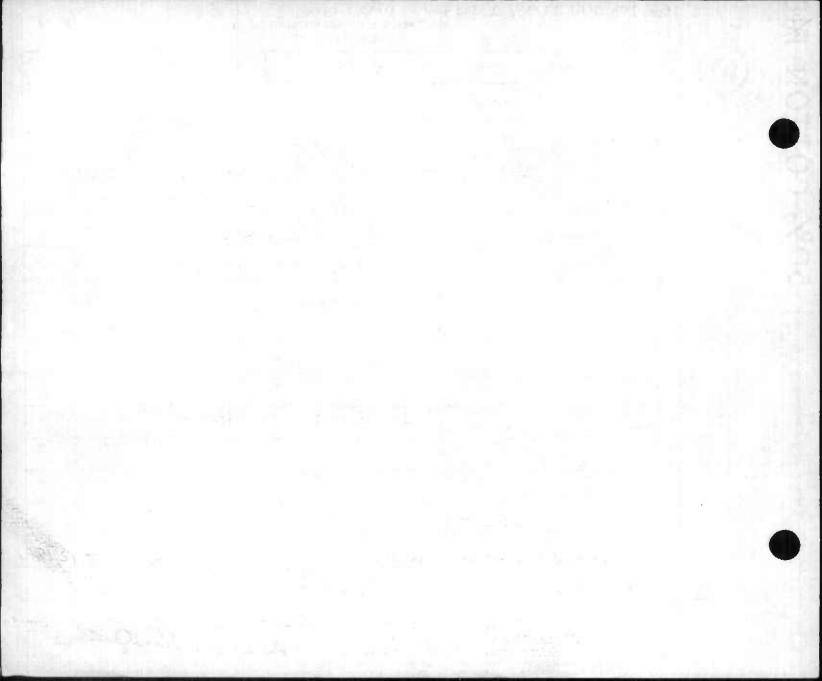
or Item

[SPECIFY] Burial Gate of Heaven Cemetery 24 FUNERAL DIRECTOR Joseph Gawler's Sons Inc. 5130 Wisc. Ave., N.W. Wash., D.C.

9/17/1981

nii . n n Miles Can 17 1916 65 tinia .drok · no in the second of the seco t. .... The same of the state of the same of the late. 9/19/1011 case of there is a second of the land F = ----Concra Unwilerto Sono Inc.

		CEASED NAME PRIST Donald  X Male	Irving  4 RACE White	5 DATE	Cowitz  OF BIRTH Lary 14,1915	20 DATE OF DEATH MONTH September 12 6 AGE (IN YEARS LAST BIRTHDAY)	1981 26 HOUI 7:05	
o hourse direct	3 0	INTHPLACE (STATE OR FOREIGN COUNTRY) CALIFORNIA ITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY  USA  11. NAME OF HOSPITAL, NURS	MARRIE WIDOW	ED NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUN  Montgomery Co	unty	
filled in Errand autd be filled in Errand be filled in Errand be e	USU 13a	ethesda  ALL RESIDENCE (IF NURSING HOME OR STATE  Alifornia	(IF NOT IN SUCH FACILITY, GIVE STREE Clinical Center OTHER INSTITUTION GIVE RESIDENCE BEC- ATY 133 CITY OR TO San Rafa	NIH, I DRE ADMISSION)		ITYPE OF WORK FOR MOST OF WORKING Mfgr. Rep.  13. STREET ADDRESS 366 Arias St.	Clothing 94903	
ompletely and 2 sh	14 F	ATHER'S NAME FIRST Al Horowitz WAS DECEASED EVER IN U.S. AR	*AIDDLE LAST		15 MOTHER'S MAIDEN NA.		LAST	
S. Pages e medico			557-09-			Horowitz (wife	) same as pat	
n. has been signed by the attending permit. Then please remave carb ine prior to burial, cremation, arr ws any injury, or ather traumatic.	CERTIFICATION	Canditions, if any, which gave rise to immediate cause to stating the underlying cause last.  PART 2 OTHER SIGNIFICANT OF THE CAUSE OF OPERATION  Sept. 2, 1981	ONDITIONS CONTRIBUTING TO	Shock UENCE OF DEATH BUT		IN AL DISEASE OR CONDITION G	S, WERE FINDINGS USED FYING CAUSES OF DEATH	
trending physician.  In this certificate has the burial-transit per and Mental Hygiene and Mental Hygiene and ar them 18 shows	MEDICAL CERTII		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR		YES NOTE NATURE OF INJURY IN ITEM IS	(YES NO
retained by the haspital ar a TO FUNERAL DIRECTOR. After should be detached for use as with the State Dept, of Mealth IMPORTANT. If Hem 21 is mark		220 L consider that BE (this base)	2 Moses	August 81	nd that in (our) apinion of the Country of the Coun	no September I death accurred on the date and ha  MEDICAL STAFF DIRECTOR PHYSICIAN  al Institutes of	Sept 12,1	



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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH YEAR 2b HOUR LTYPE OR PRINTS Sept. 3, 1981 6:35 AM Harold Houser 4 RACE 3. SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF LIMITER 24 HDC HINOM White Male Mar. 31. 1897 84 70. BIRTHPLACE ISTATE OF FOREIGN COUNTRY Ga. Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED IIS Montgomery DIVORCED WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Naval Officer Chevy Chase Beth. Retirement & Nursing Ctr. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE Kensington 13d. INSIDE CITY LIMITS? 9600 Kensington Parkway Md. Montgomery YES P 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Emmett MIDDLE Houser Mathews Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) 215-36-3844 Yes WW I-WW II Vera A. Houser Same as item # 13 18 CAUSE OF DEATH |Enter only one cause pe PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 Conditions, if ony, which gove rise to immediate cause (a), stating DUE TO OR AS A CONSEQUENCE OF underlying cause ă PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 0 No DATE OF OPERATION FEATION WAS PERFORMED 70x AUTOPSYT 70h IF YES, WERE FINDINGS USED d IN CERTIFYING CAUSES OF DEATH? per buriol-transit and Mental Hyg THE ACCIDENT WAS UNDERLYING 8 MONTH DAY YEAR OR CONTRIBUTION CAUSE OF DEATH MEDICAL OF EITHER, INCIDEN MADIC ALTERNITHTED 214 IN IURY OCCURRED He PLACE OF INJURY 211 LOCATION COUNTY CITY OF TOWN STATE INT HOME, STREET, FACTORY, DEFICE FARM THE Y WHILE NOT WHILE 22s I certify that (I) (this hou the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated (I) (we) (did) (did should be detoched with the State Dept 22t. DATE SIGNED \* ATTENDING MEDICAL Sept. 3, 1981 FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 122e ADDRESS 2025 Eye St. N. W. Washington, D. C. 20006 Irving Brotman M. D. 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL

DHMH - 16 50M 1/81 (VRA 15, 4)

Cremation 24 FUNERAL DIRECTOR Joseph Gawler's

9/3/81

Cedar Hill Crematory

Suitland, Md.

REGISTRAR 200 AGISTRAN

Sons, Inc. 5130 Wisc. Ave. N.W. Wash., D.C. 20016

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pag	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral drusshould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours.	W.
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1/11	TO HOSPITAL OR ATTENDING PHYSICIAN retained by the hospital or attending physician.	F 5	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR	DEPA		FICATE OF DEATH	REG. NO.	4 2 7 0
I. DECEASED NAME FIRST	WIDOLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
Mary	McHalley	Virgin	nia Howes	9/	1/81 6:30 AM
The state of the s	RACE	5 DATE O	OF BIRTH	& AGE (IN YEARS LAST BIRTHOAT	MINDER I YEAR IF UNDER 24 HRS
female	white	MONT!	6 1920	61	MICHIEL DAYS HOURS MIN
7e BIRTHPLACE (STATE OR FOREIGN 7 COUNTRY) Virginia	USA	MARRIE	D NEVER MARRIED D	9 BALTIMORE CITY OR COUNT Montgomer	
Rockville	1. NAME OF HOSPITAL, NUR # NOT IN SUCH FACILITY, GIVE STI #410 NO. HOP	SING HOME C		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L houseWife	176 KIND OF BUSINESS OR INDUSTRY NOME
USUAL RESIDENCE (# NURSING HOME OR C 130 STATE 136 COUNT Maryland Mont		QWNL	134 INSIDE CITY LIMITS? YES NO [	13. SIREET ADDRESS 410 No. Horne	rs Lane
14 FATHER'S NAME FRST M Mathew	DDLE LAST	nnis	15 MOTHER'S MAIDEN NA FIRST Berdie	WE	LAST Lowen
160 WAS DECEASED EVER IN U.S. ARN 145, NO OR UNKNOWN) (IF YES, GIVE V	ED FORCES? 166 SOCIAL SE	ECURITY NO.	17 INFORMANT	ADDRESS	
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS ACONSE(  (b) DUE TO, OR AS A CONSE(  (c) LACLAN	QUENCE OF	Allerona  I the Och The Term	Dary MINAL DISEASE OR CONDITION GI	1 month. 1 yr VEN IN PART 110.
190 DATE OF OPERATION  7 2 8  218. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEAT IF ETHER, NOTHY MEDICAL EXAMINER)	216. TIME OF INJURY	nas	21c HOW INJURY OCCUR	INCERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? IES NO PART 1 OR PART 2)
OR CONTRIBUTING CAUSE OF DEAT  IF EITHER, NOTIFY MEGICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
270.1 certify that (1) (this hospite saw the deceased alive on above, (1) (we) (did) (did not) (2) SIGNATURE	xiew the body after death.	82.0	DEGREE PST ATTENDING PHYSICIAN E	death occurred on the date and ha	9/1/87
Karl C. Jonas  230. BURIAL, CREMATION, REMOVAL ISPEC Burial			916 19th S  EMETERY OF CREMATORY  Hill Church	t. N.W. Washing	Land, Maryland

DHMH-16 25M (VRA 15, 4) 1/79

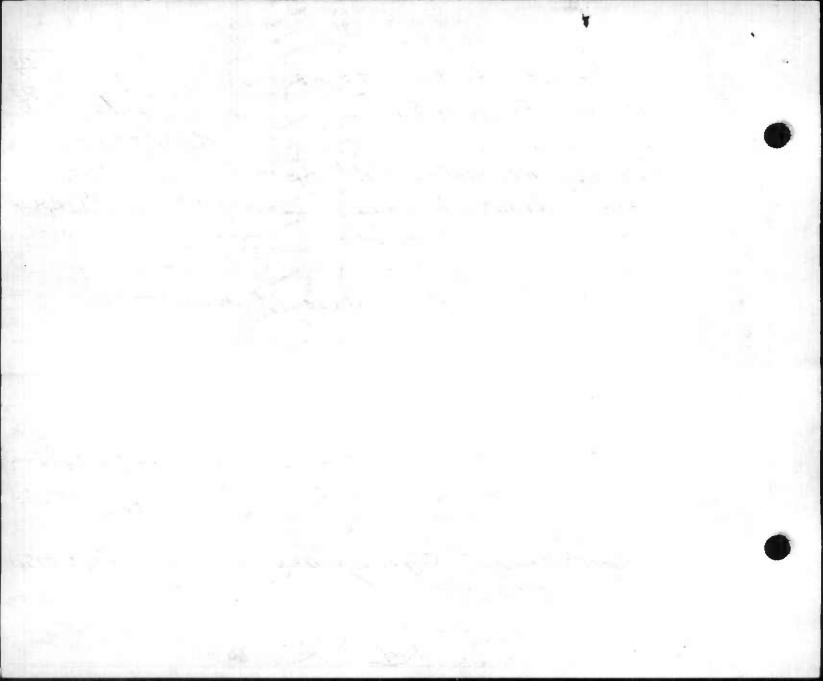
MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event,

1331 Rockville Pike Rockville, Maryland

25 DAJE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

contyllos #410 No. something bins housewife bear the continues of the state of t

T5M 2/80



	1-	FOR STATE REGISTRAR		DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENTAL ICATE OF DEATH		REG. NO.	4	2	7 2
		EASED NAME FIRST PRINT) Reb A	C	MIDDLE	11	itzherru	20 DATE OF I	Sept MONTH	JAY	S)	26 HOUR
(M)	3 SEX	Female	1 RACE	asian	5. DATE C	F BIRTH  DAY  YEAR  OL	1	RS LAST BIRTHOAY)	MONTHS	ER I YEAR DATS	IF UNDER 24 HRS HOURS MIN.
soth. Financial drawn 72 hours.		THPLACE ISTATE OR FOREIGN DUNTRY	76 CITIZEN OF	WHAT COUNTI	RY? 8 MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMOR	tgomery	ITY OF DE		MD
is ofter de by the fur filed within	Ro	CKVILLE		HOSPITAL, NUE	RSING HOME C	ROTHER INSTITUTION	120 USUAL O	CCUPATION ORMOST OF WORKING IEMAK ET	G (IFE) INC	KIND OF	F BUSINESS OR
MARYLAND 2120 ed within 24 hours mpletely filled in by ond 2 should be fill examine must be m	13a. S	nd me	UNTY	13c CITY ORT	efore admission; OWN RS burs	13d, INSIDE CITY LIMITS	301 K	DRESS	Aus		
MARYL red within ompletely ond 2 s	14. FA	THER'S NAME Charles	MIDDLE	Bo	wers	Mary Mary		Catherine		Met	
BALTIMORE, cote be execut ysicion and coppers. Poges 1 val.				16b. SOCIAL SI 213-74		17 INFORMANT Ronald W. I	Huntzberr	ADD 1209 V Frede			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ORD PHYSICIAN: The low requires that the death certific attending physicion. With this certificate has been signed by the attending physicion of the property o	CERTIFICATION	PART 1. DEATH WAS CAU  IMMED  Canditions, if any, which gove rise to immediate cause to stating the underlying cause lost.  PART 2. OTHER SIGNIFICAN  Previous  9a DATE OF OPERATION	DUE TO, CO  T CONDITIONS C	y Embol	QUENCE OF  QUENCE OF  TO DEATH BUT  VI	NOT RELATED TO THE TO WAS PERFORMED	TERMINAL DISEASE	OR COMPITION OF FOIL IN CER	GIVEN IN	PART I (a	
IVISION OF VITAL I G PHYSICIAN: The offending physicion eth this certificate ho is the buriol-fronsit p cond Mentol Hygien ked or frem 18 show	CAL	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER AT THEY MEDICAL EXAMIT 21d IN ORY OCCURRED  WHAT AT WORK AT WORK	DEATH HOUR A		DAY YEAR 19 ICE, FARM, ETC.)	21¢ HOW INJURY OC		NO X  IRE OF INJURY IN ITEM  CITY OR TOWN		R PART 2)	NO STATE
by the haspital or ERAL OR ATTEND by the haspital or ERAL DIRECTOR. As detached for use State Dept. of Heal		220.1 certify that (1) (this has saw the deceased alive above, (1) (1) (did) (did) (22b. SIGNATURE	view the body	rafter death.		, 19 d that in (my) (Copin opin opin opin opin opin opin opin					
DA TO HOSPIT TO FUNER should be explicitly with the Str.	23a. Bi	James S.  URIAL, CREMATION, REMOV.	Grissen AL 23b. DATE	1 2	M	198 Thomas	CITYO	ION R TOWN	Washi		on Sove
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FU SV	NERAL DIRECTOR NAME NUCL Hade	la Bas	fork	Jan		DATE REC'D, BY RE	GISTRAR 25b. RE		SIGNAT	JB6-

then it is given by the second the second second Controlery country, grad o crawo . estrado done | Line | Li Promous Palmoney English 1 101/4 to English Palmone E SEAR SE March 1 have the state of to proper less TELESCOPE 1000 1 1 120 100

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer in our etained by the hospital or ottending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be destoched for use as the buriol-transit permit. Then places remove coston papers: Pages 1 and 2 should be filled within 755 with the State Dept. of Health and Mental Hygiene prior to buriol, crematory.		•
efound by the hospital or ottending physicion.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral should be detached for use as the burial-transit permit. Then places remove costonopopers. Pages 1 and 2 should be filled within 755 mith the State Dept. of Health and Mental Hygiene priorito burial, cremotal. removal.	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer and the	1
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fuvers ashaulted by the bound of the complete of the use of the complete of the complet	etoined by the hospital or attending physicion.	9
should be detached for use as the buriot-transit permit. Then please remove corban popers. Pages 1 and 2 should be filed within 72% and with the State Dept. of Health and Mental Hygiene prior to buriot, cremation, or removal.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the fuveral manner.	String.
	should be detoched for use as the buriol-transit permit. Then please remove corbon popers. Pages 1 and 2 should be filed within 725 min. with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.	and other

## STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTIFICA	ATE OF I	DEATH		REG. NO				
1 DECEASED NAME FIR	ST	WIDDLE	LAST			20 DATE OF D		MONTH	DAY YEAR	2b. HOUF	5
LUCY	м.	н	URLEY			SEP	14	ļ	1981	10.20	P
3 SEX	4 RACE		5 DATE OF B			6. AGE (IN YEA			IF UNDER I YE	AR IF UNDER 2	
FEMALE	CAUCAS:	TΔN	AUG	11 DAY	1921	60			MONTHS DA	YS HOURS	MIN.
To BIRTHPLACE (STATE OF FOREIG		WHAT COUNTRY?	8			9 BALTIMORE	CITY OF	YRS	Y OF DEATH		
COUNTRY)	*** 6		MARRIED								
OKLAHOMA  10. CITY OR TOWN OF DEATH	U.S.	HOSPITAL, NURSIN	WIDOWED	J	VORCED [	MONTGO					MD.
	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)		IIIOIIOI	(TYPE OF WORK F				O OF BUSINES	SOR
BETHESDA		O.CTR. BE		MD.		Secr	etar	V	Con	struc	tio
USUAL RESIDENCE (IF NURSING HO 13a STATE 13b	OUNTY	13c. CITY OR TOW		INSIDE	ITY LIMITS?	13e STREET AD	DRESS				
MARYLAND MC	NTGOMERY	ROCKVILI	LE YE	ES X	NO 🗌	15308 1		SSUS	WAY		
14 FATHER'S NAME	WIDDIE	LAST	15.	MOTHER:	S MAIDEN NA						
LEE		THRASHER		MATTI	FIRST		WIDDLE		THRASH	IER	
160 WAS DECEASED EVER IN U.	S. ARMED FORCES?	166 SOCIAL SECU		INFORMA			ADDRES				
(YES NO OR UNKNOWN) (IF )	ES, GIVE WAR OR DATES)	444-14-6	5700 B	arba	ra Ann	nettee	Hur	ley	Daugl	hter,	
gove rise to immedia couse iol, stofing the underlying couse low PART 2 OTHER SIGNIFICATION IN DATE OF OPERATION	DUE TO, O  st.  (c)  ANT CONDITIONS C	R AS A CONSEQUE	DE ATH BUT NO	_							
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYIN	198. COND	ITION FOR WHICH	OPERATION W	AS PERFO	RWED	YES	10 <b>X</b>	IN CERT	IFYING CAUS	DINGS USED ES OF DEATH NO	1?
OR CONTRIBUTING CAUSE	OF DEATH HOUR A.	M. MONTH DA	Y YEAR 19	i. HOW IN	JURY OCCURR	RED (ENTER NATUE	RE OF INJURY	IN ITEM 18	PART I OR PART 2	n	
21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE, FA		LOCATIO		(	ITY OR TOW	N	COUNTY	STA	ATE
22a I certify tho XX (this sow the deceased oli obove XX (well find the 22b. SIGNAT)	hospitol) ottended the ve on <u>Sept</u> (101) view the body	de deceosed from 19 8 ofter death.	DEG	REE	, 19 <b>81</b> (our) opinion d	to Se		,	ur and from the	TE SIGNED	ed
22d PHYSICIAIN NEL	type or print)  LT. MC. U	JSNR		ADDRES	PHYSICIAN [	DIRECTOR [	PHYSICI	ANX		HESDA.	

3<sub>BP</sub>

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If Item 21 is

Cremation
24 FUNERAL DIRECTOR

P.A.,

NAME Homes,

23a BURIAL, CREMATION, REMOVAL 16.1981

231. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

Metropolitan Crematory, Alexandria, Virginia Robert A. Pumphrey Funeral, Bethesda, Maryland

8 1981 Frances Jan Harthen

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TOTAL HE HE STANDARD OF SANDARD TOTAL TOTA THE RESERVE AND THE PROPERTY OF THE PARTY OF minimi pia mana majeun meningasa. requires that the death certificate be executed within 24 ha

TO HOSPITAL OR ATTENDING PHYSICIAN; The law retained by the haspital or attending physician.

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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dine.	4	Eng	-	-

- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
1. DECEASED NAME (TYPE OR PRINT)	610	WIDDLE	I	TUERASSÍA	20 DATE OF DEATH	MONTH DAY	YEAR 81	26 HOUR 452
Male Male	4 RACE White		April	DF BIRTH 11 21,1894 FAR	6. AGE (IN YEARS LAST BIR	YRS.	DER I YEAR	IF UNDER 24 HRS
70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DED DIVORCED	9 BALTIMORE CITY O		DEATH	MC
Takoma Park				or other institution st Hospital	12a USUAL OCCUPATION FOR MOST CONTROL (		26 KIND C NDUSTRY OT	OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION UNITY UNIT .	136 CLY OF TOWN		13d INSIDE CITY LIMITS?	13e STREETZADDRESS	estone D	rive	
Carmello Ingrass	iå	LAST		Teresa Ric	me co Galluzzo	5	EAS	ST
None or unknown) (IF YES.	ARMED FORCES? GIVE WAR OR DATES)	217 10 9		Teresa Vac	ADDRI Ccaro (Daugh		e as	above
Canditions, if any, which gave rise to immediate cause to stating the underlying cause lost.	(b)		NCE OF	- Anemia				vseeks
PART 2 OTHER SIGNIFICANT  ONCESTIVE  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	Heart	Failure  Tition FOR WHICH C	- R	Penal Failure	20a AUTOPSY?	20b. IF YES, WE	RE FINDIN	NGS USED
	EATH HOUR A	DFINJURY .M. MONTH DAY	YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	YES	ORPART 2)	но 🗌
OR CONTRIBUTING CAUSE OF E		OF INJURY REET, FACTORY OFFICE FAR	RM ETC )	211 LOCATION STREET	CITY OR TO	IWN (	COUNTY	STATE
220.1 certify that (1) (this bases saw the deceased give a abave, (1) (we) (did) (did)	on Scot	21 1981	01	AV 19/472 nd that in (my) (pur) opinion	to Sept death accurred on the de	2/, 19.2 ate and hour and		that (i) (we) last couses stated
17h SKINATURE	3 Fr			DEGREE  ATTENDING PHYSICIAN	MEDICAL STAI	FF	Sept	SIGNED 2/ 1981
22d PHYSICIAN'S NAME (TYPI	OR PRINT)	/		1161 Alex H	machine Aus	Tiker =	5000	· Ms.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled as with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked at Item 18 shaws any injury, at other traumatic event, the medical

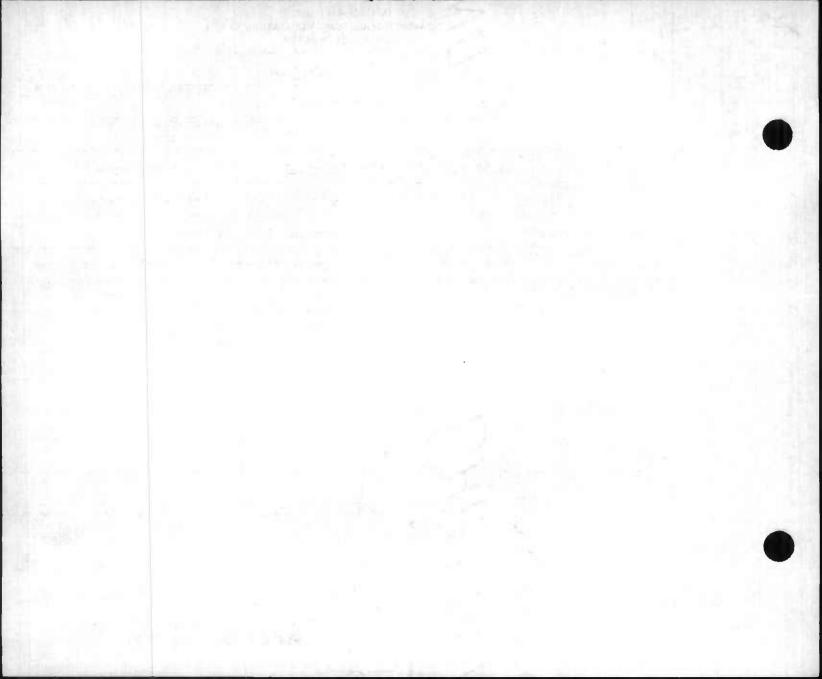
Ft. Lincoln Mausoleum Hines Rinaldi F.H.11800 N.H.Ave.S.S.Md.

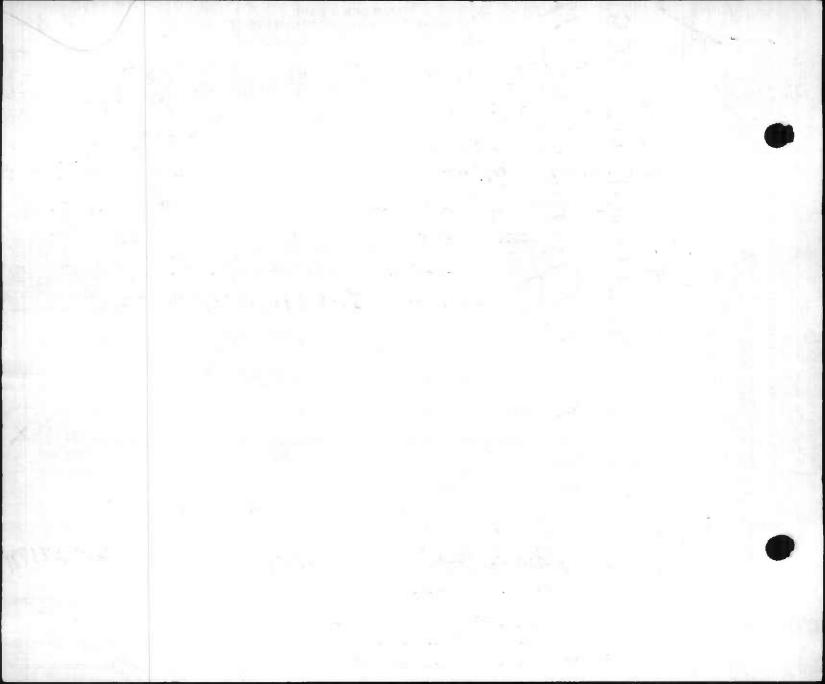
23b DATE 9/24/81

230 BURIAL, CREMATION, REMOVAL BUFFIELD

Brentwood PG Mary land STATE

198 GISTAN THE BACK THAT





STATE OF MARYLAND	
EPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

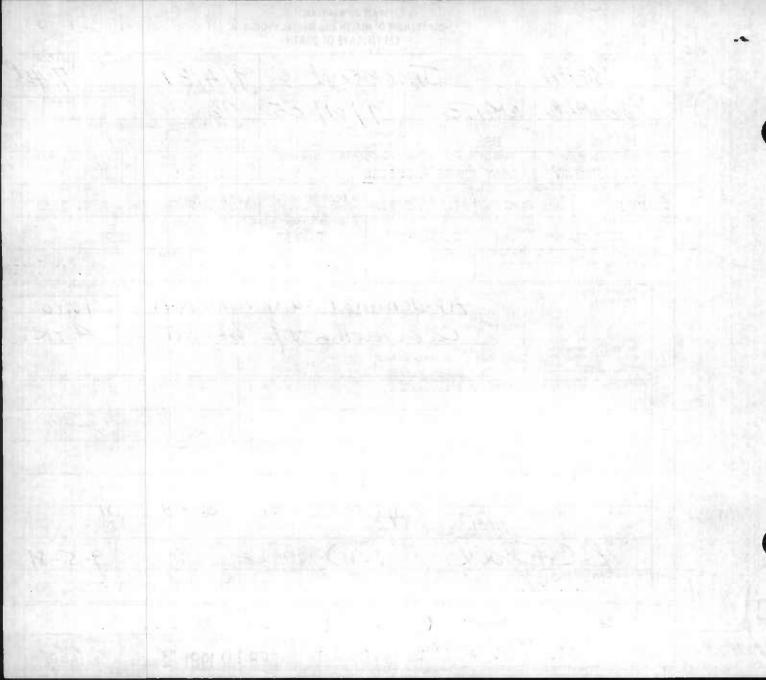
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1	1 -	STATE REGISTRAR		OLI ARIME	CERTIF	ICATE OF DEATH	REG. NO	D.		
I		CEASED NAME FIRST OR PRINT) 40 HA		MIDDLE	00	AST CAL	20 DATE OF DEATH	MONTH DAY	YEAR	77. Mar
	1. SE	FEMALE	4 RACE	TE	S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF U	THS DAYS	HOURS MIN.
1	Ta BII	RTHPLACE (STATE OR FOREIGN POLAND	76 CITIZEN OF USA	WHAT COUNTRY? 8	MARRIEI	DI NEVER MARRIED DI	9 BALTIMORE CITY O MONTGOMER			MD.
1	)0 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING CROSS HOSP		OR OTHER INSTITUTION	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST O HOUSEWIFE		126. KIND O INDUSTRY HOME	F BUSINESS OR
	13a S			GIVE RESIDENCE BEFORE AS 131 CITY OF TOWN SILVER SP		13d. INSIDE CITY LIMITS? YES NO [	138 STREET ADDRESS 8107 EASTE	RN AVE.	APT.	213D
1	14 FA	THER'S NAME MENDEL	MIDDLE	GOLDBERG	G	IS MOTHER'S MAIDEN NAM FANNIE	WIDDLE		EDE L <sup>LAS</sup>	Τ
	16a. V	VAS DECEASED EVER IN U.S. AR es, no or unknown] (16 yes, Givi	MED FORCES? E WAR OR DATES)	16b. SOCIAL SECURI	TY NO.	EDWARD JACO	BSON 8107	TLVER S EASTERN	PRING AVE.	, MD. APT.213
		Conditions, if ony, which	D BY: TE CAUSE (0)	A A A CONSEQUEN	mu	val care	insmuto.	1/s T	APPROXI	MATE INTERVAL ONSET AND DEATH (AAD) LYRS.
	NOI	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT (	(c)	R AS A CONSEQUEN		NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN	IN PART No	01
-	CERTIFICATION	190 DATE OF OPERATION	19b COND	ITION FOR WHICH O	PERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	NGS USED OF DEATH?
	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEAL (IF EITHER, NOTIFY MEDICAL EXAMINER)		DE INJURY M. MONTH DAY M.	YEAR 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1	OR PART 2)	
	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FARI	M, ETC.)	211 LOCATION STREET	CITY OR TOW	/N	COUNTY	STATE
		22a. I certify that (I) (this hospi saw the deceased alive an above, (I) (we) (did) (did no	Sept 4	19 F	7 8 or	nd that in (my) (our) opinion d	, to Sept leath occurred on the do	19_ nte and hour an		that (I) (we) last couses stated
		22b. SIGNATURE CH	Fla	X	~		MEDICAL STATE	F IAN []	22c. DATE 9-	SIGNED 5-81
		22d. PHYSICIAN'S NAME (TYPE O R.L. FI				220. ADDRESS 5530 WI	SCONSIN AVE	CHEVY	CHAS	SE, MD.
	(:	urial, cremation, removal BURIAL	23b. DATE 9-6-			emetery or crematory IUNAH AITZ CHA		MORE, M		STATE
	24 FL	OTO REISTERSTO	EVINSON VN RD. E	& BROS BALTIMORE,	MD.	(21215) 250. DATE	P 10 1981	25b. REGISTRAS	SSIGNAT	Mathen.

BP\_\_\_\_\_ DHMH - 16 50M 7/77 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The forestained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physics should be detached for use as the buriol-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, arremond MMORTANT: If Item 21 is marked or Item, 18 shows any injury, or other traumatic event.



requires that the death certificate be executed within 24 has

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

	1 -	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	GIENE 8   REG. N		12	7 7
24		CEASED NAME FIRST		S.	-	avornik	September	MONTH DA		13 0/G
Н	3. SEX	Female	4. RACE Cauca	asian	S. DATE C	1 26,1908	6. AGÉ (IN YEARS LAST BIR	THDAY) IF	UNDER ) YEAR	IF UNDER 24 HRS HOURS MIN.
77	Cz	RTHPLACE (STATE OR FOREIGN COUNTRY) echoslovaki	a Canad		MARRIE		9. BALTIMORE CITY O	R COUNTY C		ty, MD.
70	13.4	ethesda	11. NAME OF P	HOSPITAL, NURSIN H FACILITY, GIVE STREET LR BAA	G HOME C	HOSPITAL	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOME MAKE	ON DE WORKING LIFE)	125. KIND O INDUSTRY HOTE	F BUSINESS OR
73	136. S Ca	AL RESIDENCE (IF NURSING HOLD TALE NO HOLD TO HOLD TALE NO HOLD TALE N	for other institution ounty chelaga	GIVE RESIDENCE BEFORE  13c. CITY OR TOW  Montro	admission)	136. INSIDE CITY LIMITS?	3455 Dic	elas	Place	
00	14. FA	Joseph	WIDDLE	Slamen		15 MOTHER'S MAIDEN NA Theresa	S C JIDDIM	bka	EAS	ī
3		VAS DECEASED EVER IN U.S. YES, NO OR (NOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES)	Not ava	RITY NO.	17 INFORMAN Daugh le Marion 1	nter ADDRI Mistrick E	ss 4513 Bethes	Glad da, Ma	lvyne Di ryland
	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART STHER SIGNIFICAN	DUE TO, OF	R AT ONSEQUE R AS A CONSEQUE WE CONSTRUCT BUT THE TO TO	OLE HATH BUT	N WAS PERFORMED	Za Peuc UNA OBEASE DE CON NO AUTOPSYS VES IN NO IX	IN CERTIFYE YES	WERE FINDING CAUSES	
9	MEDICAL CE	21a. ACCREMENT WAS UNDERSTOOD ON CONTRIBUTING ☐ CALLS OF IN BUNIER, NOTIFY MEDICAL DAM 21a. INJURY OCCURRED  DOWN ☐ D. NOTIFICAL DAM	DEATH HOUR ALI	M. MONTH DA	19	211. LOCATION	ucer to sautivi vyrug ( DESK 01 NO YES		COUNTY	state.
MYONIANI: F REM 21 IS MOTRE		226 SIGNATUE 226 PHYSICIAN'S NAME (IV	on that view the body	Doy	U	22e ADDRESS	MEDICAL STAL	IAN []	Sept 10,1	SIGNED er 981
	(	William SURIAL, CREMATION, REMOV BUTIAL  JNERAL DIRECTOR ROBE P.A., BETHE	AL 236 DATES 6	981 C	ote	8218 Wisc EMETERY OR CREMATORY des Nerges CRAL HOMES DAT	23d LOCATION CITY OF TOWN MONTO E REC'D. BY REGISTRAR	eal. C	county	STATE

BP. DHMH- 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely titled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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	2 /	Tib.
	PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Fager 4 may be rending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral direction
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SIGN OF VIEW PERCONDS, AND WITHOUTS, BARLINGORF, MARIEN VIEW PARCONDS	PHYSICIAN: The lovending physicion.	of c
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d Mentol Hygi or Item 18 sh

FOR - STATE REGISTRAR

STATE OF MARYLAND						
DEPARTMENT OF HEALTH AND MENTAL HYGIENE						
CERTIFICATE OF DEATH						

I WI	
CERTIFICATE OF DEATH  Townson  S. DATE OF BIRTH  MONTH DAY YEAR	
T	INDER 24 HRS
	JAN
	URS

DECEASED NAME MIDDLE (TYPE OR PRINT) OUNDO 3 SEX 4 RACE Female White To BIRTHPLACE ISTATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED New York U.S.A. WIDOWED DIVORCED I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION KIND OF BUSINESS OR Caldwell & Co. Jewelry Sales USUAL RESIDENCE 130. STATE 136 COUNTY 13e STREET ADDRESS 13d. INSIDE Montgomery Gaithersburg YES K 10546 Cambridge Ct. Md. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Stella MIDDLE Zulinski Johnson Joanna 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 9970 Forest View Pl. LYES, NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 550-46-1782 No Martin P. Johnson Gaithersburg, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) BETWEEN ONSET AND DE PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost MEDICAL CERTIFICATION

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
			YES NO	YES 🗌	NO 🗌	
210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	216 HOW INJURY OCCUI	RRED (ENTER NATURE OF IN)	JURY IN ITEM 18 PART 1 OR PART	2)	
21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR T	OWN COUNTY	STATE	

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED

ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 22e. ADDRESS

230. BURIAL, CREMATION, REMOVAL Washington, 9/28/181 Cremation Lee's Crematory D.C.

316 E. Diamond Ave. Gaithersburg, Md.20877 Gartner Sandison

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/B1 (VRA 15, 4)

O FUNERAL DIRECTOR.

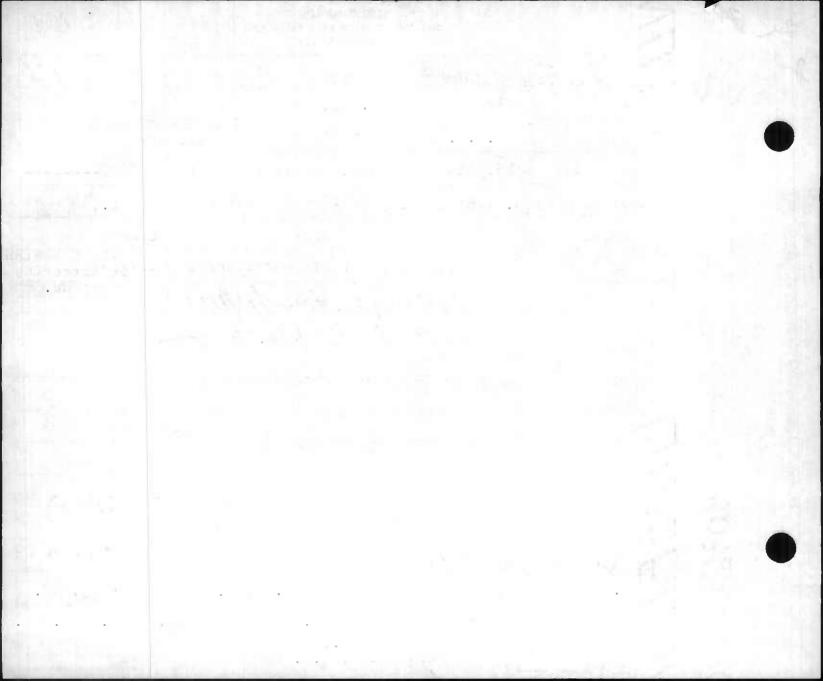
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eq Pin	6		CEASED NAME OR PRINT)	MIDDLE VMN	1 )	AST // 30N	REG. NO.	MONTH DAY	81 9	HOUR 7
ge 4, mo	9	3 SE	Male	Black	D & C		6. AGE (IN YEARS LAST BIRTI	HDAY) F UNDER	DATS HOU	NDER 24 HRS
eoth. Po.	99		RTHPLACE (STATE OR FOREIGN COUNTRY).  ennessee	76 CITIZEN OF WHAT COUNTRY U.S.A.	MARRIE WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF Montgon	COUNTY OF DEA	ATH	MD.
s offer o	1/201	1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI			120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF	WORKING LIFE) 12b 1 WORKING LIFE) INDU	STRY	SINESS OR
24 hour	ag p	130. S	AL RESIDENCE (IF NURSING HO CO TATE Laryland	or other institution, give residence before the polyton to the pol	RE ADMISSION)	13d INSIDE CITY LIMITS?	13# STREET ADDRESS h	iton St.	,	
ed withir mpletely ond 2 sh	Ocemine	14 FA	Horace	Johnson		15. MOTHER'S MAIDEN NAI Jefah	ME	Johnson	LAST	
oe execut n ond co	medicol 2	Ióa V	VAS DECEASED EVER IN U.S. A (15 YES, G	RMED FORCES? 166 SOCIAL SEC 11/16 SOCIAL SEC 411-22		Gloria Mor	rison/Daug	ss jhters#1	0 La Kett	ughtor ering
ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours contending physician.  Vier this certificate has been signed by the attending physician and completely filled in the state burst contending physician and completely filled in the contending physician and completely filled in the contending permit. Then please remove contending the burst contending the please remove contending the please and contending the please there are the contending the please remove contending the please and contending the please the please remove contending the please are moved to the please the please remove contending the please and the please are moved to the please and the please are moved to the please are moved to the please and the please are moved to the please are moved	injury, or other troumotic	NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE ON DITTONS CONTRIBUTING TO		NOT RELATED TO THE TERM	IINAL DISEASE OR COND	ITION GIVEN IN P.	ART 1 o	
he low room.	shows only	CERTIFICATION	IN DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	THE AUTOPSYT	20h IF YES, WERE IN CERTIFYING C. YES	AUSES OF D	USED DEATH?
PHYSICIAN: T ending physic this certificate the deviol-transi	Hem 18 sh		TA COMMENTAND CONTRACTOR OF DE CHARLEST MEDICAL EXAMINED	TATH HOUR A.M. MONTH E	RASY YA	21s HOW INJURY OCCUR	RED TENTRINATURE OF WHIRE	relition till Past i DR P	Mr.D	
DING PHYS or ottendin se os the bu	markedor	MEDICAL	THE INJURY OCCURRED	The PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE  Public of the Public of Street	Phi	ZHI LOCATION	9/1	- 5	7	STATE
OR ATTEN  DIRECTOR  oched for u	NT: If Item 21 is		SERVE 16 ON OFFICE OF SERVE 11 JUNE 1 (SERVE 12 ) CHILD AND 1 (SERVE 12 ) CHILD AND 1 TYPE 12	) wew Woody offer death 19.	Y]	ATTENDING PHYSICIAN	MEDICAL STAFF	i d	DATE SHOW	R .
TO HOSPITAL etoined by th TO FUNERAL should be deter	MPORTANT		Dr. Lewis I	Dennis		831 Univ.		er Spri	ng,	Md.
5028P			URIAL, CREMATION, REMOVAL SPBUPTIAL	9-29-81 H	larmo		k Landover	the second second		. 5114 d .
DHMH - 16 50M (VRA 15, 4		MA	RSHALL'S FUI	NERAL HOME Wast	gth	St., NW 250. DAT on, D.C. SE	P 2 9 1981	Truck	SN MICHE	for



## HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often etoined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by this should be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages 1 and 2 should be filled wowith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows ony

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STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR						REG. N	10.		
. DECEASED NAME	FIRST		MIDDLE	LA	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	BRYA	N.I.	LEE	JON	NES		SEP 2	25 81	1405p
MALE.	35	4 RACE CAUC		5. DATE OF	F BIRTH 1906	6. AGE (IN YEARS LAST BE	RIHDAY)	# UNDER 1 YEA	
G BIRTHPLACE (STATE	OR FOREIGN NOIS		WHAT COUNTRY?	8 MARRIED WIDOWED	NEVER MARRIED	9 BALTIMORE CITY OF MONTGOM	OR COUNT	Y OF DEATH	
O CITY OR TOWN OF D	EATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	ROTHER INSTITUTION	12a USUAL OCCUPAT	TON OF WORKING L	(FE) INDUSTR	OF BUSINESS OR
JSUAL RESIDENCE (IFN 30 STATE MD	URSING NOME OR	OTHER INSTITUTION		ADMISSION)	134 INSIDE CITY LIMITS? YES X NO	120 STREET ADDRESS 1734 LONG		LUSPH DR	
FATHER'S NAME FIRST FRANKLI		MIDDLE	JONES		15. MOTHER'S MAIDEN N FIRST  EFF TE	AME MIDDLE MAY		RIC	AST
(YES, NO OR UNKNOWN)	1964-	-1980	579-10-	7073	MATERIA JONI	ADDR ES 1734 LON			ANNAPOLIS
Conditions, if a gove rise to couse (o), ste	ny, which	DUE TO, OI	r as a conseque MTCRONODU	ENCE OF					iximai'ê intervai N Onset and Death
Conditions, if a gove rise to couse (a), ste underlying coi	ny, which mmediate ting the lost.	DUE TO, OI  b)  DUE TO, OI  c)  ONDITIONS CC	r as a conseque  MICRONODU  R as a conseque  Diffibuting to D	ENCE OF TLAR CO	IRPOSIS				(0)
Conditions, if a gove rise to couse (a), ste underlying coi	ny, which mmediate ting the lost.	DUE TO, OI  b)  DUE TO, OI  c)  ONDITIONS CC	r as a conseque  MICRONODU  R as a conseque  Diffibuting to D	ENCE OF TLAR CO	IRPOSIS	MINAL DISEASE OR CON  200 AUTOPSY?  YES [X] NO	20b, IF YE	VEN IN PART I	(o)
Conditions, if a gove rise to couse (o), ste underlying coil  PART 2 OTHER S  PART 2 OTHER S  21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY M. 21d. M. M. JURY OCC.)	my, which mmediate thing the use lost.  GNIFICANT C  RATION  UNDERLYING  CAUSE OF DEA EDICAL EXAMINER;  JRRED	DUE TO, OI    b)    DUE TO, OI   Ic)    ONDITIONS CO   196 CONDI   216. TIME O   HOUR A   21e. PLACE	R AS A CONSEQUE MTCRONODU R AS A CONSEQUE DITRIBUTING TO E ITION FOR WHICH FINJURY M. MONTH DA M.	ENCE OF  ENCE OF  OPERATION  AY YEAR  19	IRPOSIS	20a AUTOPSY?  YES [X NO ]	20b. IF YE IN CERTI YI	S, WERE FIND FYING CAUSE ES 🛣	INGS USED S OF DEATH?
Conditions, if a gove rise to couse (a), ste underlying coil  PART 2 OTHER S  PART 2 OTHER S  21a. ACCIDENT WAS OR CONTRIBUTING [IF EITHER NOTIFY M AT WORK AT 27a. 1 certify that sow the dece	my, which mmediate thing the lise lost.  GNIFICANT C  RATION  UNDERLYING	DUE TO, OI    b)   DUE TO, OI   ic)   ONDITIONS CC    196 CONDI   216. TIME O   HOUR A   P   21e. PLACE (   AT HOME STR	R AS A CONSEQUE  TO CONSEQUE  THE PROPERTY OF THE PACE	ENCE OF  ENCE OF  OPERATION  AY YEAR  19  ARM ETC.)	IRROSIS  NOT RELATED TO THE TER  WAS PERFORMED  21C HOW INJURY OCCUI  21T LOCATION STREET	200 AUTOPSY? YES X NO RRED (ENTER NATURE OF INJ.	20b IF YE IN CERTI YI JRY IN ITEM 18	S, WERE FIND FYING CAUSE ES A PART LOR PART 2)	INGS USED S OF DEATH? NO
Conditions, if a gove rise to couse (o), ste underlying coil  PART 2 OTHER S   my, which mmediate thing the lise lost.  GNIFICANT CO  RATION  UNDERLYING CAUSE OF DEA  CAUSE OF DEA  CAUSE OF DEA  CHILD CO  (I) (this hospit osed olive on () (did) (did not	DUE TO, OI  (b)  DUE TO, OI  (c)  ONDITIONS CC  196 CONDI  216. TIME O  HOUR A  P  21e. PLACE ( (AT HOME STR  OI) ottended the  P.S. P.	R AS A CONSEQUE  TO CONSEQUE  THE PROPERTY OF THE PACE	OPERATION  AY YEAR  19  ARM ETC.)  DATE OF THE OPERATION  APPLICATION  DO NOT THE OPERATION  DO NOT THE OPERAT	IRPOSIS  NOT RELATED TO THE TER.  N WAS PERFORMED  216. HOW INJURY OCCUI  216. LOCATION  STREET	200 AUTOPSY? YES X NO RRED (ENTER NATURE OF INJ.	20b IF YE IN CERTI YI YI WAN Ote ond hou	S, WERE FIND FYING CAUSE S PART 1 OR PART 2)  COUNTY  19 1 Jur and from th	INGS USED S OF DEATH? NO	

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR FUNERAL HOME

FOR

ADDRESS ANNAPOLIS, MD

1981 Charles Jan Pather



		CEASED NAME FIRST OR PRINT)		WIDDLE	U	ST GOLGO	2	. DATE OF DEATH	MONTH	DAY YEAR
7	SEX	LAMBROS	I4 RACE	н.	I 5. DATE O	SOIDTH		AGE LIN YEARS LAST BI	9	3 81
	JLA	Male	White		MONTH 2	DAY YE	EAR O	21	YRS.	MONTHS DATE
70	ı. BIR	RTHPLACE   STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIED	□ NEVER MARRI	IED 9	BALTIMORE CITY		Y OF DEATH
10	1 (1)	Albania TY OR TOWN OF DEATH	III NAME OF	US	WIDOWE	DIVORCE		Menly	omec	7
10	K	ethesDA		BURBI	ADDRESS)	Pospita	7/	TYPE OF WORK FOR MOST	OF WORKING A	12b. KIND INDUSTR Rest
35	30 S	TATE 13b. COI	or other institution UNITY mtgomery	131_CITY OR TOW		13d INSIDE CITY LIA		e STREET ADDRESS 1603 Blu	ue Mea	adow Rd
1	FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIL		WIDDLE		
14		Vasili		Gioni		Bet	tcho	- 42		Cour
16		AS DECEASED EVER IN U.S. A IF YES, C NO OR UNKNOWN) IF YES, C NO TO THE YE	GIVE WAR OR DATES)	218-34-7	7195A		ne Spi	cer Same		em # 13
		Conditions, if ony, which gove rise to immediate couse (a), stating the	(b)_	CASA CONSEQUE	EUORI	COMO A U	OF THE	MERARE	ANTI-	7 /
NOIS NOIS NOIS NOIS NO SAN AND NOIS NOIS NO SAN AND NOIS NOIS NOIS NOIS NOIS NOIS NOIS NOIS	ATION	gove rise to immediate couse (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT  Coffor ART  7	DUE TO, CONDITIONS C	CONTRIBUTING TO	ENCE OF  DEATH BUT OF	NOT RELATED TO THE	HE TERMIN	AL DISEASE OR COM	NOTION GIVE SY	VEN IN PART
THE CATION	TIFICATION	gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, CONDITIONS C	CONTRIBUTING TO	ENCE OF  DEATH BUT OF	NOT RELATED TO TH	HE TERMIN	AL DISEASE OR CON	ADITION GIVE	VEN IN PART
	~	gove rise to immediate couse (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT  Coffor ART  7	DUE TO, COLOTIONS CONDITIONS COND	OR AS A CONSEQUI	ENCE OF  DEATH BUT I	NOT RELATED TO THE	HE TERMIN	AL DISEASE OR CON ADVANCE 200 AUTOPSY? YES NO	20b IF YE	/EN IN PART 15 / E/7 S, WERE FIND FYING CAUSE ES D
	N N	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  CORONARY  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DUE TO, COLOTTONS CONDITIONS COND	OR AS A CONSEQUIDATION FOR WHICH	DEATH BUT IN DEATH OF THE PROPERTY OF THE PROP	NOT RELATED TO THE	HE TERMIN	AL DISEASE OR CON ADVANCE 200 AUTOPSY? YES NO	20b IF YE IN CERTIII YE URY IN ITEM 18. I	/EN IN PART 15 / E/7 S, WERE FIND FYING CAUSE ES D
	MEDICAL	gove rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  CORONARY  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHEETHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	DUE TO, COLOTIONS CONDITIONS COND	OR AS A CONSEQUIDED FOR WHICH DEFINITION FOR WHICH	DEATH BUT IN DISTRIBUTION OPERATION  AY YEAR 19 FARM ETC.)	NOT RELATED TO THE SEASE IN WAS PERFORMED  21c HOW INJURY IN STREET  21l LOCATION STREET  21l LOCATION (My) DOUT) (DEGREE	OCCURRED  Opinion dec	AL DISEASE OR CON  A DVANCE  200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  th occurred on the delay.	20b IF YE IN CERTIII YE JAY IN ITEM 18 I	VEN IN PART S. VERE FIND FYING CAUSE S. PART   ORPART 2]  COUNTY
I STORY	MEDICAL	gove rise to immediate couse (o1), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  CORON ARY  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CASE OF DETAILS OF CONTRIBUTING AND CASE OF DETAILS OF CONTRIBUTING AND COURRED  WHILE NOTIFY MEDICAL EXAMINE 210, INJURY OCCURRED  WHILE AT WORK AND WHILE AT WORK Sow the deceased live coboyd (if ) well did did did	DUE TO, COLOR TO	OR AS A CONSEQUIDED FOR WHICH DEFINITION FOR WHICH	DEATH BUT IN DISTRIBUTION OPERATION  AY YEAR 19 FARM ETC.)	211 LOCATION STREET  211 LOCATION STREET  211 LOCATION STREET  212 ADDRESS	OCCURRED OPINION DE	AL DISEASE OR CON  A DVANCE  200 AUTOPSY?  YES NO O  CITY OR TO	20b IF YEIN CERTIII  YEIN CHARLES  DWN  AFF	COUNTY  19  220. DAT
AMEDICAL PROPERTY AND	WEDICAL Son BO	gove rise to immediate couse (o1), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  CORONERSUM  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSG OF CHERTHER NOTIFY MEDICAL EXAMIN 21 d. INVERTIGATION  21d INJURY OCCURRED  WHILE AT WORK NOTIFY MEDICAL EXAMIN 21 d. INVERTIGATION (did) (did) (22b. SIGNATURE)  22d PHYSICIAN'S NAME INVERTIGATION (1998)	DUE TO, COLOR (C)  TONDITIONS C  AS COLOR (C)  19b. COND  19b. CON	OR AS A CONSEQUIDATION FOR WHICH  OF INJURY IREET, FACTORY, OFFICE IT  AND THE DESCRIPTION OF INJURY IREET, FACTORY, OFFICE IT  TO STATE OF INJURY IREET, FACTORY, OFFICE IT  TO STATE OF INJURY  TO STATE OF	DEATH BUT IN DIRECTION OF CENTER OF	211 LOCATION STREET  211 LOCATION STREET  211 LOCATION STREET  212 ADDRESS	OCCURRED  OPPO  Opinion dec  IDING ICIAN  ATORY	AL DISEASE OR CON  ADVINCE  206 AUTOPSY?  YES NO O  CITY OR TO  th occurred on the d  MEDICAL STA  DIRECTOR PHYSIC	DEPTION GIVEN THE MEDITION GIVEN THE MEDITION GIVEN THE MEDITION TO THE MEDITION TO THE MEDITION	COUNTY  19 21  COUNTY  19 22c. DAI

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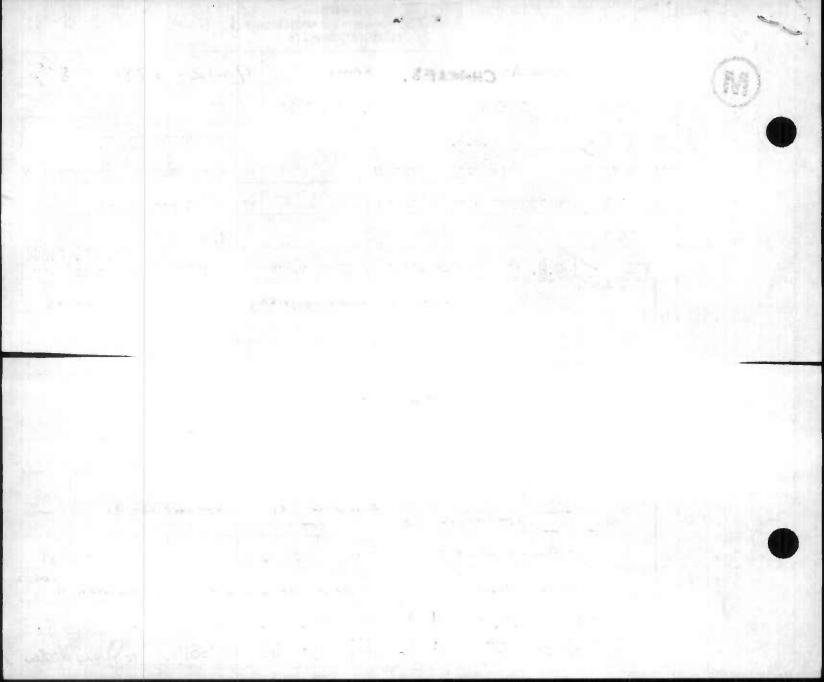
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equires that in signed by Then please in to buriol, and injury, or other	
.N. The low raysicion. Icote hos beeransit permit. Hygiene prio	7
uG PHYSICIA attending pl frer this certif is the buriol-th and Mental	1
OR ATTENDIN hospital or DIRECTOR. A ched for use Sept. of Healt tem 21 is ma	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after deoth. Page featured by the hospital or attending physician.  TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral direction should be detached far use as the buriol-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled within 72 hour with the State Dept. of Health and Anatral Hygiene prior to buriol, cemation, or removal.  MAPORTANT: If them 21 is marked at Item 18 shows any injury, or other troumatic event, the medical extraction may be any injury.	/

DHMH - 16 50M 1/B1 (VRA 15, 4)

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	٧٥.			
	CEASED NAME FIRST	MIDDLE	l	AST	20 DATE OF DEATH		YEAR 2b H	OUR	
	Dou	GLAS CHARLE	S. 1	KAHN	9-12.	- 1981	8	ZOM M	
3. SE	X	4 RACE	5. DATE C		6 AGE (IN YEARS LAST 8	IRTHDAY) IF UNDER	RIYEAR IFUNI		
	MALE	CAUCASIAN	OCT	. 19, 19 <sup>1</sup> 17	63	YRS	DAYS HOUR	RS MIN.	
70 B	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTE	RY? 8	D X NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DE	ATH		
-	EW YORK	U.S.A.	WIDOWE	DIVORCED	MONTGO	MERY COUNT	Υ	MD.	
10 €	ITY OR TOWN OF DEATH	13. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STE	REET ADDRESS)	DR OTHER INSTITUTION	12a USUAL OCCUPAT		KIND OF BUSI	INESS OR	
-	LVER SPRING	HOLY CROSS HO			ADVERTISI		DVERTI	SING	
13a	ARYLAND MONT			13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 15300 Walk	orook Cour	`t		
14 F/	ATHER'S NAME LOUIS	MIDDLE KAHN		15 MOTHER'S MAIDEN NAM	(UNKN	OWN)	LAST		
160 V	WAS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIAL SE		17. INFORMANT	ADDR	RES Potomac,	MD. 2	0854	
	YES (IF YES, GI	V. II 092-09-	-3473	TERRY VANN	126	13 Steeple	chase	Way	
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	only one couse per line for (o), (b),		The second second second		85	APPROXIMATE IN	NTERVAL IND DEATH	
		ATE CAUSE (D)	remut C	And 10 my oper	<b>'</b>		week	5	
	4148	DUE TO, OR AS A CONSEC	OUENCE OF						
	Conditions, if ony, which gove rise to immediate	(b)				-	/		
	couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEC	DUENCE OF			-			
	DART 2 OTHER SIGNIFICANT	(c)	O DE LEIL BUT	NOT OF LIVED TO YOU THE					
Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T		CLESSES	IN AL DISEASE OR CON	ADITION GIVEN IN P	ART 10		
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI			200 AUTOPSY?	20b. IF YES, WERE	FINDINGS U	SED	
TIFIC					YES NO	IN CERTIFYING C.		ATH?	
GE	21a. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		21c. HOW INJURY OCCURR					
	OR CONTRIBUTING CAUSE OF DE		DAY YEAR						
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		21f. LOCATION	CITY OR TO	OWN COL	NIA	STATE	
2	MHILE NOT WHILE AT WORK	TAL HOME STREET, PACTORY, OFFIC	CE, PARM ETC }	JINEE	CITOXI	, , , , , , , , , , , , , , , , , , , ,		31411	
	220 I certify that (I) (the hosp	utal) attended the deceased from		ugust 22 19 81	_ to Soplem	ber 12 19 87	, that (I	l (me) lost	
	sow the deceased alive or above, (I) (	n September 12 19		nd that in (my) (cor apinion o	death accurred on the c	date and hour and fro	om the couses	stoted	
	22b. SIGNATURE	erry Heels		DEGREE	LIEDICA: CTA		DATE SIGNE		
	100				MEDICAL STA	CIAN	9/121	87	
	22d. PHYSICIAN'S NAME (TYPE			22e ADDRESS				20207	
	BARRE	)		10620 6000		. Schens	princ on	0	
	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION	COUNT	,	SLATE	
24 FI	BURIAL	\$EPT. 14, 81	KING D	AVID MEM. GAR	THE ED	CHURCH,	-	VA.	
27,1	NAME DANZANSKY- MEMORIATYC	Goldberg 177	Rocky	ille, Md. SE	P 16 1981	131	IGNATURE		
	TICINOT TUT C	11/0	NOCKV	THE FIRE	0 1001	Chisticas >	ran/la	Then	



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injury, or other traumatic event, the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicia should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

**DHMH-16 25M** 

(VRA 15, 4) 1/79

IMPORTANT: If Item 21 is marked or Item 18 shows any

1.	FOR - STATE REGISTRAR	, DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	REG. NO.	4 2 8 3
	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH / DA	YEAR 26. HOUR
	XXXXX		KElly	9/23	18/ 19. M
3 SE	* FEMALE		ATE OF BIRTH MONTH DAY YEAR		UNDER I YEAR IF UNDER 24 HRS NTHS DAYS HOURS MIN
7e B	OUNTRY) VEW 4 OF		ARRIED NEVER MARRIED DOWED DIVORCED	BALTIMORE CITY OR COUNTY O	F DEATH  SET (1 MD.
10 C	wheaton	11. NAME OF HOSPITAL, NURSING HO		120 USUAL OCCUPATION/ (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE	126. KIND OF BUSINESS OR INDUSTRY
13e :	STATE 136 CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS UNITY 130 CITY OR TOWN ITGOMERY KENSINGTON	SSION)  134 INSIDE CITY LIMITS?  YEXX NO	130 STREET ADDRESS 3333 UNIVERSIT	Y BIVD. WEST
14. F/	ATHER'S NAME PATRICK	MIDDLE J. LAST NI	LAN MARY		O'MEARA
	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	ARMED FORCES? IN SOCIAL SECURITY IN WAR OR DATES) 147-07-659		LY / SAME	0.00X3100.00
NOI	Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE  (b)  DUE TO, OR AS A CONSEQUENCE  (c)  T CONDITIONS CONTRIBUTING TO DEATH	Enfe Carrier	vasua cline unal disease or condition given	Jean Jen IN PAT 1(0)
TIFICAL	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPER	ATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, YES NO YES	WERE FINDINGS USED NG CAUSES OF DEATH? NO
MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMINE	· · · · · · · · · · · · · · · · · · ·	ZEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18, PAR	I OR PART 2)
MEDIC	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ET	211 LOCATION STREET	Att of town	COUNTY STATE
	17s.1 certify that (I) (this has says the deceased sheet happy the property of the control of th	140 1- 14- 11	PEGREE	death occurred on the date and hour a	nd from the causes stated  27c. DATE SIGNED
	TRACTICAL S NAME OFFER	in HURUNIN M	ATTENDING PHYSICIAN CONTROL OF STREET PARTY OF THE PROPERTY OF	POIRECTOR PHYSICIAN !	en. Md. 2015
23e E	BURIAL, CREMATION, REMOVA BURIAL	9/26/81 ST. I	OF CEMETERY OR CREMATORY SERNARDS CEMETER	y 23d. LOCATION CITY OR TOWN TARIFFUILI	DUNTY STATE CONN.
24 FU		CÍS J. COLLINS D.,W.,SILVER SPRING,	250. DATE		Yan Mitte

and the first for the second second - Hotel Director of march 

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direction is should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed within 72 hour mental state both to the filed within 72 hour mental state both to the filed within 72 hour mental state of the filed within 72 hour mental state of the filed within 73 hour mental state of the filed within 74 hour mental state of the filed within 72 hour mental state of the filed within 72 hour mental state of the filed within 73 hour mental state of the filed within 74 hour mental state of the filed within 75 hour mental state of the filed within 74 hour mental state of the filed within 75 ho	ß	7]	ij	,	
Figure 59, maintending physician or the confidence of the offending physician and FUNERAL DIRECTOR. After this certificate has been signed by the afterding physician and build be detached for use as the burial-transit permit. Then please remaye carbon papers. Page the State of Health and Mantal Hygiene pricar to burial, cremation, are may all the man 31 is made and them 18.		completely filled in by the funeral direct	s I and 2 shauld be filed within 72 haur in	6	ol overmor mich be delified of dete
	מיני בייני ב	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c	ould be detached for use as the burial-transit permit. Then please remove carban papers. Pages	h the State Dept. of Health and Mental Hygiene priar ta burial, cremation, or removal.	ORTANT: If them 21 is marked or from 18 summer injury or other traumatic event, the medical

FOR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

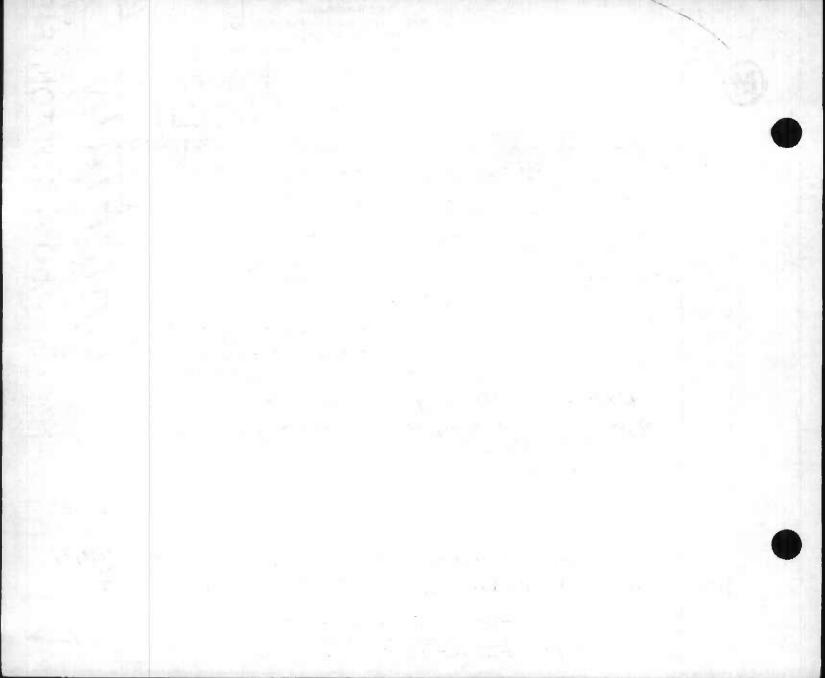
- 4								REG	, NO.			
	1. DECEASED NAME	FIRST		MIDDLE	l	AST	20	DATE OF DEATH	HTMOM	DAY	YEAR	26 HOUR
		URI	ME:	NACHEM	K	EREN	S	entembe	r 19.	1981		4:40A M
-[	3. SEX		4. RACE		5. DATE C		6 A	GE (IN YEARS LAS	BIRTHDAY)	MONTHS	RIVEAR	IF UNDER 24 HRS
J	Male		White			ebruary 193	36	45	YR	1 1	DATS	HOURS MIN.
1	10. BIRTHPLACE JETATE COUNTRY) Jen		76 CITIZEN OF	WHAT COUNTR	MARRIEI	NEVER MARRIED	□ 9 B	ALTIMORE CIT	Y OR COU	NTY OF DE	ATH	ALC: E
	Tsrae				WIDOWE	D DIVORCED	A A	Ontgame:			KINDO	MD. F BUSINESS OR
0	Bethesda			H FACILITY, GIVE STE	REET ADDRESS)	Bethesda.M	CITY	od tech		SUFE) IND	ustry.	vate
M	USUAL RESIDENCE (IF N		OTHER MOTITUTION.	GIVE RESIDENCE BE	FORE ADMISSION)						-	
	Israel	MACOUN		Haifa	OWN	13d INSIDE CITY LIMITS		77A Eins		Ctro	- L	
A	14 FATHER'S NAME			Harra		15. MOTHER'S MAIDEN		//A EIII	scem	SLIE	30	
Я	FIRST	,	MIDDLE	TZ = TO TO		FIRST		MIDDLI	Ε	1	LAST	
-	Ezikele	ED INITIS AD	AED EODCES2	Keren	CURITY NO	Dora 17 INFORMANT		ADI	DRESS	uni	know	n
	(YES, NO OR UNKNOWN)		WAR OR DATES)	I BB SOCIAL SE	COKITI NO.		T/				-1	\
						Mrs. Gabi	kere	n, wile	(sank			
1	18 CAUSE OF DE PART I. DEATH	ATH (Enter an	y ane cause per	line far (a), (b),	and Ic .							MATE INTERVAL DINSET AND DEATH
1	PARTI. DEATI		E CAUSE (0)	Cardi	lac arr	est			_	M	inut	ces
1	3000		DUE TO. O	R AS A CONSEC	DUENCE OF							
-	Canditions, if a	ny, which	( Ib)	Candi	da sep	sis, Progre	essive	hypote	ension	1   1	wee	⊇k
-1	gove rise to	immediate	DUETO	DACA CONICE	OHENICE OF 1	3.66 h.i.	. 4. 2	-L-2 - 1	la	. 7	mor	a.L.b.
1		us <b>e</b> last	(5)	K AS A CONSE	DOEINCE OF ]	Diffuse his	SCTOG	ACTG TAI	iprione	1 1	. IIIOI	ILII
	PART 2 OTHER S	IGNIFICANT C	ONDITIONS CO	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE 1	TERMINAL	DISEASE OR CO	ONDITION	GIVEN IN P	ART La	
1	8 Dout	ropeni	a Pr	rumoc	ustis	Preumon	lia					
B	190 DATE OF OPE	RATION				N WAS PERFORMED		Ou AUTOPSY?	20b IF	YES, WERE	FINDIN	GS USED
4	No. DATE OF OPE 9/5/8/ 21a, ACCIDENT WAS		Lung	biopsy	for f	neumonio	a y	ES NO		RTIFYING C	AUSES	OF DEATH?
	210. ACCIDENT WAS		216 TIME O	F INJURY M. MONTH	DAY VELD	21c HOW INJURY OC	CURRED	ENTER NATURE OF	NJURY IN ITEM	18 PART I OR	PART 2)	
	OR CONTRIBUTING		in in	M. MONTH	DAY YEAR							
-	OR CONTRIBUTING L		21e. PLACE	OF INJURY		21L LOCATION						
ı		WHILE	(AT HOME, STE	REET, FACTORY, OFFI	CE FARM ETC )	STREET		CITY O	RIOWN	COL	JNTY	STATE
H	22a. I certify that		ind) instanced and also	n do	.T11737	26. 19.8	7	Contra	mlo o se	700 7	001	
	saw the dece	ared alive an	19 Sent	emhar 10	81	d that in ( our) opi		ta <u>Septe</u> accurred an the				
-1	22b. SIGNATURE	) (did) the vol	) view the bady	after death.		DEGREE			_	220	. DATE S	SIGNED
	me	ugau	et O	acker	n	ATTENDIN PHYSICIA	N DI	RECTOR PHY		1	7/19	/8/
٦	22d. PHYSICIAN'S	NAME (TYPE OF	PRINT)			22e. ADDRESS Na					ealt	h
	Marg		Park	M M		Clinical			esda,	MD	2020	)5
	230 BURIAL, CREMATIC		23b. DATE			EMETERY OR CREMATO		3d. LOCATION		COUNT	· ·	STATE
	Buri	.al	09-23	-81   I	Kfar-Za	mir Cemeter	ry	Haifa,	Israe	e1		-

11800 New Hampshire Ave., Silver Spring, Md.

SEP 2 1 1981 CANNESS

DHMH - 16 50M 1/81 (VRA 15, 4)

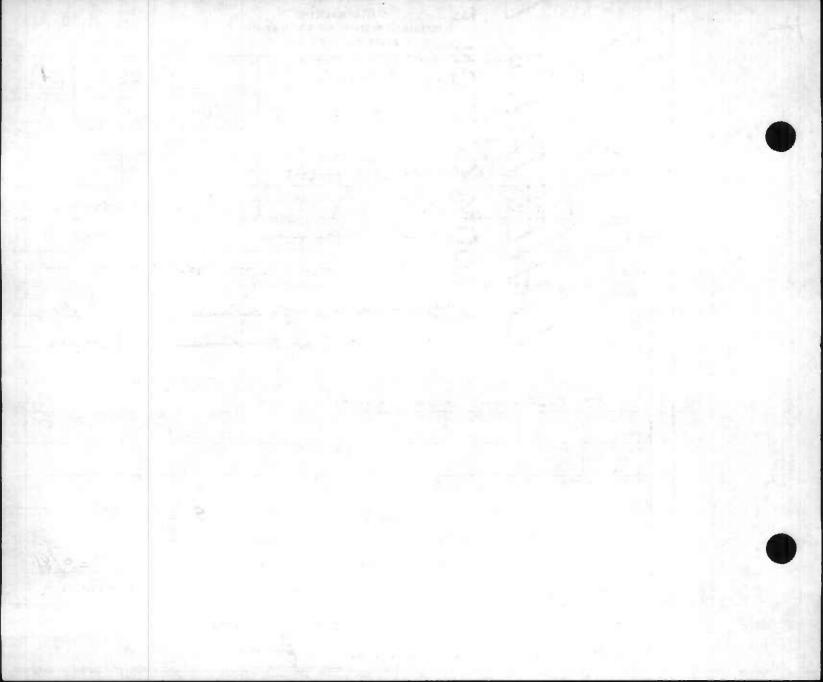
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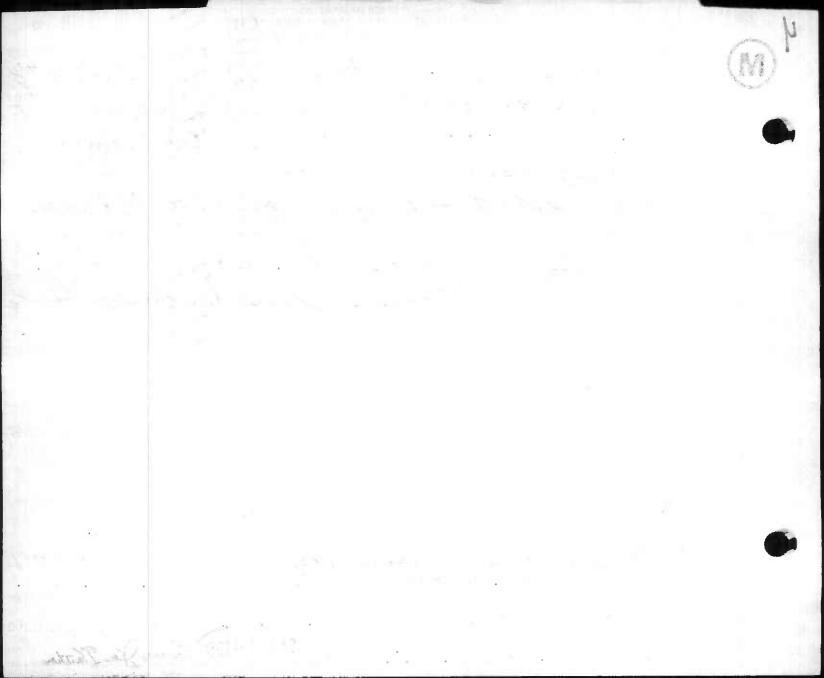


FOR - STATE

		DALAME	FIRST	01ivia	MIDDLE Ma	37	LAST Kerns		20 DATE OF DEATH		DAY YEAR	Zb HOUR_
	PECE ASI		livio	7, 1	May	K	10 ng		in or other		26-81	1018
3	SEX	1		4 RACE	. 199	5. DATE	OF BIRTH		6 AGE (IN YEARS LAST B	•	IF UNDER TYEA	R IF UNDER 24 H
*		emale	0	whi	te	3		YEAR OS	76	YRS	MONTHS DAY	5 HOURS M
70	BIRTHP		OREIGN	76 CITIZEN O	F WHAT COUN	VTRY? 8.	DE NEVER MAR	RIED	9 BALTIMORE CITY		TY OF DEATH	
th		.D.C.		US		WIDOW	ED DIVOR	RCED	Montgome	•		
]  I	akom	TOWN OF DEA		Washi	ington .	Adventis	or other institu st Hospita	al	120. USUAL OCCUPA (TYPE OF WORK FOR MOST HOUSEWI		12b. KIND INDUSTR	OF BUSINESS Y
3 E 13	Md.		13b. COUN MOT	TY	130 CITY OF S.S	E BEFORE ADMISSION	- Lader		11235 Oal	k Lea	f Drive	Apt.#40
	FATHER Fran	FIRST	N	AIDDLE	KeÏ	ley	15. MOTHER'S MA		E		Hilt	on
16	Non	CEASED EVER OR UNKNOWN)		MED FORCES? WAR OR DATES)		6 7159	17 INFORMANT Raymon	nd M.K	ADDR Cerns (Husb		ame as	above
	18 C	NUSE OF DEATH	H (Enter only	y one couse pe	er line for (o), (	(b), and (c).			_		APPRO BETWEE	DXIMATE INTERVAL N ONSET AND DEA
	'	ARTI. DEATH W		E CAUSE (a)_	Mes	ocas.	land L	fer	Rein		9	day
		1	MANAGEDING									
	day	100	MACDIAIC		OR AS A CON	SEQUENCE OF		0				
1		ditions, if ony,	which		OR AS A CON	SEQUENCE OF	act.	de			3	400
	Gan Gan	e rise to imn e (o), stotin	which nediote g the	DUE TO, (b)_	Coto	SEQUENCE OF	act,	de			3	y
	gov	e rise to imn e (0), stotin erlying couse	which nediote g the lost.	DUE TO, (b)  DUE TO, (c)	OR AS A CONS	SEOUENCE OF	actin;	de			3	y
200	gov cou und	e rise to imn e (o), stotin	which nediote g the lost.	DUE TO, (b)  DUE TO, (c)	OR AS A CONS	SEOUENCE OF	NOT RELATED TO	THE TERMIN	NAL DISEASE OR COM	NDITION G	GIVEN IN PART	No.
2	gov cou und	e rise to imn e (0), stotin erlying couse	which nediote g the lost.	DUE TO, (b)  DUE TO, (c)  ONDITIONS (	OR AS A CONS	SEOUENCE OF	NOT RELATED TO		200 AUTOPSY?	20b. IF Y	ES, WERE FIND	INGS USED
September 1	PAR	e rise to imn e (o), stotin brilying couse  2 OTHER SIGN ATE OF OPERAT	which necliote g the lost.  NIFICANT CO	DUE TO, (b) DUE TO, (c) ONDITIONS (C) 19b CONI	OR AS A CONSCIPLING	SEQUENCE OF	ON WAS PERFORME	ED		20b. IF Y	'ES, WERE FIND TIFYING CAUSE YES []	INGS USED ES OF DEATH?
1.00	PAR	e rise to imn e (0), statin erlying couse 2 OTHER SIGN ATE OF OPERAT	which necliote g the lost.  NIFICANT CO	DUE TO, (b) DUE TO, (c) ONDITIONS CONDITIONS	OR AS A CONSCIPLING	SEOUENCE OF	ON WAS PERFORME	ED	200 AUTOPSY?	20b. IF Y	'ES, WERE FIND TIFYING CAUSE YES []	INGS USED ES OF DEATH?
	90v cou und PAR 19a D 21a. OR C (IF)	TISE TO IMM  TO STORY  TO STORY  TO STORY  TO STORY  TO STORY  TO STORY  THER NOTIFY MEDIC  JURY OCCURE	which nediote g the lost.  NIFICANT CO  ERLYING  CAUSE OF DEAT CALEXAMINER)	DUE TO, (b) DUE TO, (c) ONDITIONS (C) DIB TIME HOUR A	OR AS A CONSTITUTION FOR W.  OF INJURY A.M. MONTH P.M. E OF INJURY	SEQUENCE OF  G TO DEATH BU  WHICH OPERATION  H DAY YEAR  19	ON WAS PERFORME	ED	200 AUTOPSY?	20b. IF Y IN CERT	'ES, WERE FIND TIFYING CAUSE YES []	INGS USED ES OF DEATH?
September of the septem	PAR	erise to immercial colors to the results of the res	which nediote g the lost.  NIFICANT CO  ERLYING   AUSE OF DEAT  ALEXAMINER)	DUE TO, (b) DUE TO, (c) ONDITIONS (C) DIB TIME HOUR A	OR AS A CONSTITUTION FOR W.  OF INJURY A.M. MONTH P.M. E OF INJURY	SEQUENCE OF	21c. HOW INJUR	ED	200 AUTOPSY? YES NO	20b. IF Y IN CERT	YES, WERE FIND TIFYING CAUSE YES B PART   OR PART ?	NGS USED S OF DEATH? NO
1	90 COU Und PAR 190 C 210. OR C (IF I 21d. I WHII AT WC 276 I	Erise to imme (e (i), stotin (intrlying) couse  2 OTHER SIGN  ATE OF OPERAT  CCIDENT WAS UND  INTRIBUTING CITHER, NOTHER MEDIC  JUNEY OCCURRE  AND WAS AND COUNTRIBUTING C	which nediote g the lost.  WIFICANT CO  ERLYING  AUSE OF DEAT ALEXAMINER)  RED  ILLE  ILLE  (this hospite	DUE TO, (6) DUE TO, (6) DUE TO, (6) DUE TO, (7) DUE TO, (7) DUE TO, (7) DUE TO, (8) DUE TO	OR AS A CONSCIPLING OF INJURY A.M. MONTH P.M. E OF INJURY STREET, FACTORY, O	SEQUENCE OF  G TO DEATH BU  WHICH OPERATIO  H DAY YEAR  19  OFFICE, FARM, ETC.)	21c. HOW INJUR 21f LOCATION STREET	ED RY OCCURRE	ZON AUTOPSY? YES NO	20b. IF Y IN CERT	ES, WERE FIND TIFYING CAUSE YES D B PART   OR PART 2]	INGS USED SOF DEATH?
1	90v cou und PAR 19a C 21a. OR C (IF I 21d. I AT WC 22a I	Erise to imme (1) stotin (1) stot	which nediote g the lost.  IFICANT CO  ERLYING	DUE TO, (b) DUE TO, (c) ONDITIONS (C) ONDITIONS (C) The HOUR A (A) THOME. S	OR AS A CONSTIBUTION FOR W.  OF INJURY A.M. MONTH P.M.  E OF INJURY SIRRET, FACTORY, O	SEQUENCE OF  G TO DEATH BU  WHICH OPERATIO  H DAY YEAR  19  OFFICE, FARM, ETC.)	21c. HOW INJUR 21f LOCATION STREET 1	ED RY OCCURRE	200 AUTOPSY? YES NO	20b. IF Y IN CERT	ES, WERE FIND TIFYING CAUSE YES D B PART   OR PART 2]	INGS USED SOF DEATH?
1.00	90v cou und PAR 19a C 21a. OR C (IF I 21d. I AT WC 22a I	Trise to imm or on, statin or	which nediote g the lost.  IFICANT CO  ERLYING	DUE TO, (b) DUE TO, (c) ONDITIONS (C) ONDITIONS (C) The HOUR A (A) THOME. S	OR AS A CONSTIBUTION FOR W.  OF INJURY A.M. MONTH P.M.  E OF INJURY SIRRET, FACTORY, O	SEQUENCE OF  G TO DEATH BU  WHICH OPERATIO  H DAY YEAR  19  OFFICE, FARM, ETC.)	21c. HOW INJUR 21f LOCATION STREET	RY OCCURRE	ZOO AUTOPSY?  YES NO	20b. IF Y IN CERT	COUNTY	INGS USED SOF DEATH?
1	90v cou und PAR 210. OR CC (IF 21d. I 41 MHII AT WC 270. S	Trise to imm orthing couse  2 OTHER SIGN  TO OPERATE  CCIDENT WAS UNCE INTRIBUTING THE NOTIFY MEDIC  THER NOTIFY MEDIC  AT WO OF THE NOTIFY MEDIC  THE NOTIF	which nediote g the lost.  INFICANT CO  ERLYING	DUE TO, (b) DUE TO, (c) ONDITIONS (C) ONDITIONS (C) The HOUR A (C) The PLACE (AT HOME. S) OI) oftended (AT HOME. S)	OR AS A CONSTIBUTION FOR W.  OF INJURY A.M. MONTH P.M.  E OF INJURY SIRRET, FACTORY, O	SEQUENCE OF  G TO DEATH BU  WHICH OPERATIO  H DAY YEAR  19  OFFICE, FARM, ETC.)	21c. HOW INJUR 21f LOCATION STREET  nd that in (my) (a)  DEGREE  ATTE PHY:	RY OCCURRE	ZON AUTOPSY? YES NO	20b. IF Y IN CERT	COUNTY	STATE , that (I) (we) I
1.00	90v cou und PAR 210. OR CC (IF 21d. I 41 MHII AT WC 270. S	TISE TO IMM  TO STORY  TO	which nediote g the lost.  WIFICANT CO  CAUSE OF DEAT  CALEXAMINER)  WEED  WEED  (this hospite the dolive on lid) [14 d not on lid]  WME (TYPE OR	DUE TO, (b) DUE TO, (c) ONDITIONS (C) ONDITIONS (C) The HOUR A (C) The PLACE (AT HOME. S) OI) oftended (AT HOME. S)	OR AS A CONSTIBUTION CONTRIBUTION DITION FOR W. OF INJURY A.M. MONTH P.M. E OF INJURY SIREEL FACTORY, O	SEQUENCE OF  G TO DEATH BU  WHICH OPERATIO  H DAY YEAR  19  OFFICE, FARM, ETC.)	216. HOW INJUR 216 LOCATION STREET  1 nd that in (my) (au DEGREE  ATTE PHY: 27e ADDRESS	RY OCCURRE	ZOO AUTOPSY?  YES NO	206. IF Y IN CERT	COUNTY  1987  COUNTY  270 DAT	STATE  , that (I) (we) I e couses stated
73	90v cou und PAR 19a C 119a C 1	TISE TO IMM TO STATE TO STATE TO STATE OF OPERATE OF OPERATE OF OPERATE OF OPERATE OF OPERATE OF OPERATE OPERA	which nediote g the lost.  WIFICANT CO  CAUSE OF DEAT  ALEXAMINER)  RED  (this hospite d olive on lid) Lid not the lid of	DUE TO, (b) DUE TO, (c) DUE TO, (c) ONDITIONS (C) TIPLE TO THE HOUR A POINT (AT HOME, S) OIL OTTENDED (AT HOME, S) OTTENDED (AT HOME, S) OIL OTTENDED (AT HOME, S) OTTENDED (AT HOME, S) OIL OTTENDED (AT HOME, S) OTTENDED (AT HOME) OTTENDED (AT HOME	OR AS A CONSCIPLING OF INJURY A.M. MONTH P.M. E OF INJURY SIRRET, FACTORY, O  th) deceased f  y other death.	SEQUENCE OF  G TO DEATH BU  WHICH OPERATIO  H DAY YEAR  19  DEFICE, FARM, ETC.)  From  19  23c NAME OF C	216. HOW INJUR 216 LOCATION STREET  1 nd that in (my) (au DEGREE  ATTE PHY: 27e ADDRESS	RY OCCURRE	ZOO AUTOPSY?  YES NOTE  OF THE PROPERTY OF THE	206. IF Y IN CERT	COUNTY  1987  270 DAT  270 DAT  Par	STATE  , that (I) (we) I e couses stated

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE





FOR - STATE

1

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

4 2 8

REGISTRAR		CERT	IIICATE OF DEATH	REG. NO.	
1 DECEASED NAME	FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
( OR ERINI)	OLIVER	(s)	KFVFC	September	1 1981 8:14
SEX	4. RACE	5. DAT	E OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 H
Male	whi	to Au	igust 18 190	6 75 YRS	MONTHS DATS HOURS M
BIRTHPLACE (STATE	OR FOREIGN 76 CITIZEN	OF WHAT COUNTRY? 8	V	9 BALTIMORE CITY OR COUN	
FATRFAX CO.	, VA US	SA MARE	NEVER MARRIED DIVORCED	Montgomery	
CITY OR TOWN OF	DEATH 11. NAME	OF HOSPITAL, NURSING HOM		120 USUAL OCCUPATION	176 KIND OF BUSINESS
Silver Sp		SUCH FACILITY, GIVE STREET ADDRESS)	10 i + a 0	TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRY
SUAL RESIDENCE (IF N	URSING HOME OR OTHER INSTITU	Ly Cross Hos	PLLAL	RET. OPER. ENG.	U.S. TREASUR
30 STATE	36 COUNTY	13c. CITY OR TOWN	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	
P.C.		Washington	YES XX NO	616 Constitu	tion Avenue
FIRST	MIDDLE	LAST	FIRST	WIDDLE	LAST
WILLIAM	· Dilli Cit	KEYES	MARGARET		SPRING
(YES NO OR UNKNOWN)	ER IN U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE	5)			SHINGTON, D.C.
NO		578-05-6326-	A IVA G. KEYE	S 616 CONSTITUT	
18 CAUSE OF DE	ATH (Enter only one couse) WAS CAUSED BY:	per line for of the and ici.	1	11 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
PARTI. DEATH	IMMEDIATE CAUSE (a	cardio -	lasiainstoni	1 Hurest	
14261	Ps.	an is a controller of	(1)	1111	
Conditions, if a	700	O, OR AS A CONTEQUENCE OF	( Rebrowship	" Hacirles	14 Ann
gove rise to i	immediate		1	11/1	11/0000
underlying car	use lost. DUE TO	O, OR ANA CONSEQUENCE OF	to ( ) -	· V. Nico	40
	(c)	John Colem	4 Carelli	owers, were	func
PART 2 OTHER SI	IGNIFICANT CONDITIONS	S CONTRIBUTING TO DEATH BI	JT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION C	GIVEN IN PART 1
NO INDICATE OF OPER					
Y 190 DATE OF OPE	RATION 19b. CO	NDITION FOR WHICH OPERAT	ION WAS PERFORMED	200 AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS			152		YES NO
210. ACCIDENT WAS		E OF INJURY A.M. MONTH DAY YEA	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM )	B PART   OR PART 2)
0					
	CHOSE OF BEATTI				
OR CONTRIBUTING	EDICAL EXAMINER)  JRRED 21e PLA	P.M. 19 CE OF INJURY	TH LOCATION		
OR CONTRIBUTING [  JIF EITHER NOTIFY M  21d. INJURY OCCU	JRRED 21e PLA	P.M. 19		. CITY OR TOWN	COUNTY STATE
OR CONTRIBUTING  LIFEITHER NOTIFY M  21d. INJURY OCCU	EDICAL EXAMINER)  URRED  WHILE  WORK  (AT HOME	P.M. 19 CE OF INJURY E STREET, FACTORY, OFFICE, FARM, ETC.)	TH LOCATION	CITY OR TOWN	
OR CONTRIBUTING  JIF EITHER NOTIFY M  21d. INJURY OCCU  WHILE AT WORK  220.1 certify the	EDICALEXAMINER)  JRRED  21e PLA (AT HOMI	P.M. 15 CE OF INJURY E STREET, FACTORY OFFICE, FARM, ETC.)	TH LOCATION STREET	10 Lestenbut	COUNTY STATE
OR CONTRIBUTING    IF ETHER NOTES AT WORK  21d. INJURY OCCU  WHITE NOT AT WORK  22e.1 certify the  Sow the dece above(1) (we	EDICAL EXAMINER)  URRED  WHILE  WORK  (AT HOME	P.M. 15 CE OF INJURY  STREET, FACTORY OFFICE, FARM, ETC.)	ond that is (my (our) opinion	CITY OR TOWN  , to death occurred on the date and h	COUNTY STATE  . 19 the true)  our and from the causes stated
OR CONTRIBUTING  JIF ETHER NOTIFY M  21d. INJURY OCCU  WHITE AT WORK  220.1 certify the  sow the dece	EDICAL EXAMINER)  JRRED  VARIE  WHILE  (D) this hospital offended  osed plive or	P.M. 15 CE OF INJURY  STREET, FACTORY OFFICE, FARM, ETC.)	ond that is (my (our) opinion	, to	COUNTY STATE
OR CONTRIBUTING  JIF ETHER NOTE YM  WHITE AT WORK  SOW the dece above (1) (we  STANATURE	EDICAL EXAMINER)  JRRED  21e PLA  IATHOMI  WHITE  (IV) this hospital offender  osed olive or  (IV) (did) (did ag) (e)	P.M. 15 CE OF INJURY  STREET, FACTORY OFFICE, FARM, ETC.)	ond that is (my (our) opinion	depth occurred on the date and h	COUNTY STATE  . 19 the true)  our and from the causes stated
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SEP 4

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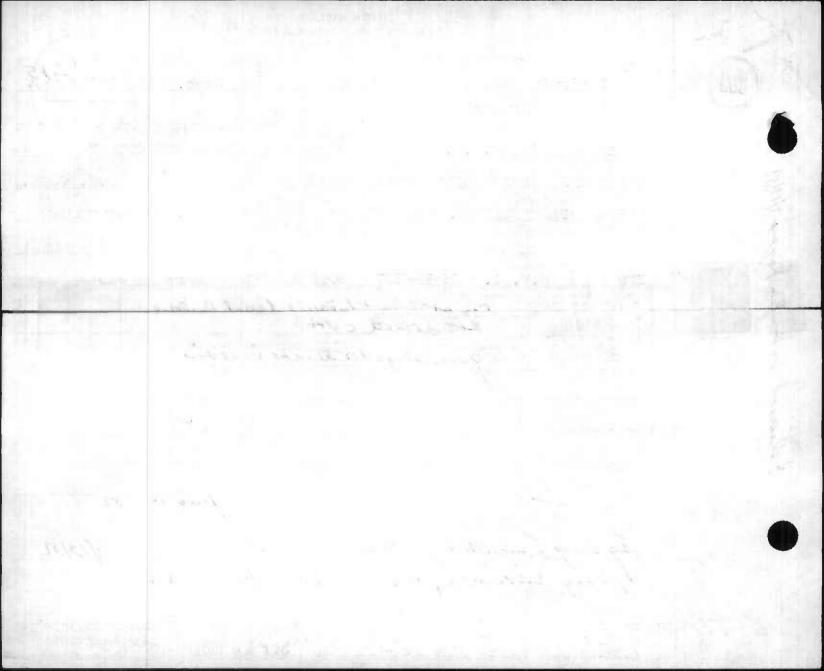
1981

J. MABERKLEY GREEN, 721 ELDEN ST., HERNDON, VA

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

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13 Carlo	1 DECEA	SED NAME	FIRST		WIDDEE	1	AST	2	DATE OF DEA	TH MONTH	DAY YEAR	26 HOUR
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ige kriver	3 SEX	Male		CAucas		5 DATE C	DAY	YEAR 891	AGE (IN YEARS LA	YRS	MONTHS DATE	HOURS MIN.
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R ATTENDII hospital or RECTOR: A ned for use - rept. of Heall	220	saw the deceas abave, (I) (we) (	ed alive an		19		d that in (my) (au	19 ir) apinian dec	th occurred on y	ne date and hou		that (I) (we) last causes stated
Al O The Distriction	221	Syl	ey Z	event	that,	rap	ATTE	ENDING SICIAN		STAFF IYSICIAN [	22c. DATE S	3/81
O HOSPITAL TO FUNERAL should be det with the State	124	Sydne	y L	-even	thel, A	(. D,	Lelo	ers	Rung	, md.	ı	
BP	230. BURI	AL, CREMATION,  BURIA		23b DATE Sept.	OT		metery or crea		23d LOCKTION	M	COUNTY	STATE
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FUNE	RAL DIRECTOR	nskv-	Goldberg		Rockvi	lle, MD.	Tot Diver	Arlir EC'D. BY REGIST 16 1981	RAR 251 REGIST	RANS SIGNAT	VA.



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. The retained by the hospital or attending physician.  TO EUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 limin this with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.		r death? Fig.	tuneral precession from 172 (min off)
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed wiretained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate basen signed by the attending physician and camples should be detached for use as the Puricl-transit permit. Then please remove carbon papers. Pages 1 and with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or remayal.		thin 24 hours afte	ely filled in by the 2 shauld be filed w
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marked or Item 18 shaws any injury, ar ather traumatic event, the

MPORTANT: If Hem 21 is

STATE OF MARYLAND FOR - STATE CERTIFICATE OF DEATH REGISTRAR

ч								REG. N	J.			
I	I. DEC	CEASED NAME	FIRST	WIDDLE		LAST		2a. DATE OF DEATH	MONTH	DAY YEAR	26. HOL	JR
I	(		AMES	H.	Ki	Jusell		5	ot.	3 1981	12:	10 PM
Ì	3. SEX		4 RACE		5. DATE	OF BIRTH		6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER	
I		Male	Cau	casian	MONT 12	H 26	1892	88		MONTHS DAYS	HOURS	MIN
ł	7a B1F	RTHPLACE (STATE OR FOR	FIGN 7h CITIZE	N OF WHAT COU		20	1092	9 BALTIMORE CITY C	YRS			
1	CC	DUNTRY)			MARRIE	D NEVERA				7. 01 524		
1		rginia IY OR TOWN OF DEAT		SA	WIDOW		ORCED	Montgomer		1.00		MD.
J			(IF NOT	IN SUCH FACILITY, GIV		OR OTHER INST	ITUTION	120 USUAL OCCUPATE		126 KIND C	)F BUSINI	ESS OR
1		ethesda		50 Westl				Carpenter		Build	ling	
1	13a. S	L RESIDENCE (IF NURSIN	IG HOME OR OTHER INSTI 136 COUNTY	TUTION, GIVE RESIDENT		1 13d. INSIDE C	ITY LIMITS?	13e STREET ADDRESS				
1	Ma		Montgomer:		hesda	YES X	NO 🗌	10250 West	lake	Drive #	#511	
1	14. FA	THER'S NAME					MAIDEN NA	ME				
1	)	James	Edward		dwell	Ross	FIRST	Lee		Hef		
f	160. W	AS DECEASED EVER IN			L SECURITY NO.	17 INFORMA		ADDRI	SS		23231	,
ı		ES, NO OR UNKNOWN) Yes	(IF YES, GIVE WAR OR DAT		0000	D	77 D	1 /h.000 gu				
ŀ						Doris	K. Bar	rker/4002 St	етта			
ı		18. CAUSE OF DEATH	(Enter only one cou	se per line for (a)	Jbi, and ici	Cla H	6A0-	TDISEA	K	BETWEEN	ONSET AND	DEATH
Į			MMEDIATE CAUSE	(o) COYC	VP/I	FI		1 6186113	-	1/4	Jean	~
I		4149	DUE	TO, OR AS A CQN	NSEQUENCE OF					-	7	
1		Conditions, if any,		(b)	TYPER	TEN:	SLON			3	Jean	
ı		gove rise to imme	ediote )	io objection	ISSOURINGS OF							
ì		underlying couse	lost.	O, OR AS A CON	SEGUENCE OF							
ı		PART 2 OTHER SIGNI	EICANT CONDITIO	NS CONTRIBUTION	G TO DEATH BUT	NOT PELATED	TO THE TERM	INAL DISEASE OR CON	DITION C	IVEN IN DART 10	- 1	
ı	Z	1		/	none	)	TO THE TERM		51110110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1	CERTIFICATION	190. DATE OF OPERATI	ON 196 C	ONDITION FOR	WHICH OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?	706. IF Y	ES, WERE FINDIN	VGS USE	D
ı	FIC	more							IN CERT	TIFYING CAUSES	OF DEAT	TH?
1	ER	71g. ACCIDENT WAS UNDE		IME OF INJURY		Tale HOW/IN	ILIBY OCCUPE	YES NO		YES 🗌	NO [	
1		OR CONTRIBUTING CA			TH DAY YEAR		JOK! OCCUR!	KED (ENIEK NATURE OF INJU	IA BA HEW IS	B, PART ( OR PART 2)		
1	CA	(IF EITHER, NOTIFY MEDICAL		P.M.	19							
I	MEDICAL	21d. INJURY OCCURRE	(AT NO	LACE OF INJURY	OFFICE, FARM, ETC.)	211 LOCATIO STREET	N	CITY OR TO	VN	COUNTY	S1	TATE
ı	~	AT WORK AT WORK	K U									
ı		22a.1 certify that (1) (4	Hris hospital) attend	led the deceased			, 19 80	10 QUE N			that (I) (	
ı		sow the deceased	olive on	94	19 8 0	nd that in (my)	opinion (	death accurred and he de	ate and h	our and from the	couses st	ated
ı		226 SIGNATURE	a) view me	day oner dedin	1	DEGREE				22c DATE	SIGNED	1
ı		Kos	ut J.	1 ho	dema	- ma	TENDING >	MEDICAL STAT		Cel	+ ?	181
1		22d. PHYSICIAN'S NAM	ME (TYPE OR PRINT)			122e ADDRES		DIRECTOR   PHYSIC	IAN L		-/	10/
			. Lindeman	n, M.D.				od St.,#401	Dot	handa M	( )	
1									тэа-	nesda, M	a.	
	23a. B	urial, cremation, r Pecify) Burial		8/81	Cedar	EMETERY OR C		23d LOCATION	A D-	. George	ST.	Ma.
п			1 2/1	0/ 01	Leual .	TITT OC	TIC CCT Y	DULULAI	IU II	. George	2.5	IVI CI .

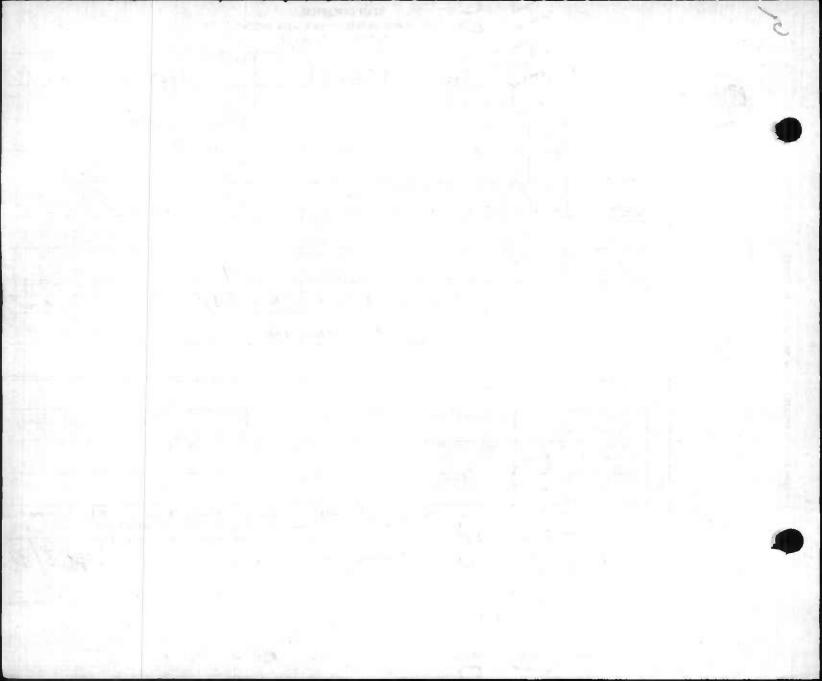
DHMH-16 60M 1/73

(VR A 15 (4))

Cedar Hill Cemetery Murphy Falls Church Funeral Appress Falls Church, Val

Suitland Pr. Georges

1102 W. Broad Strs. pate rec'd. By registrar 750 registrar signature in Falls Church, Value 9 1981



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

page 3

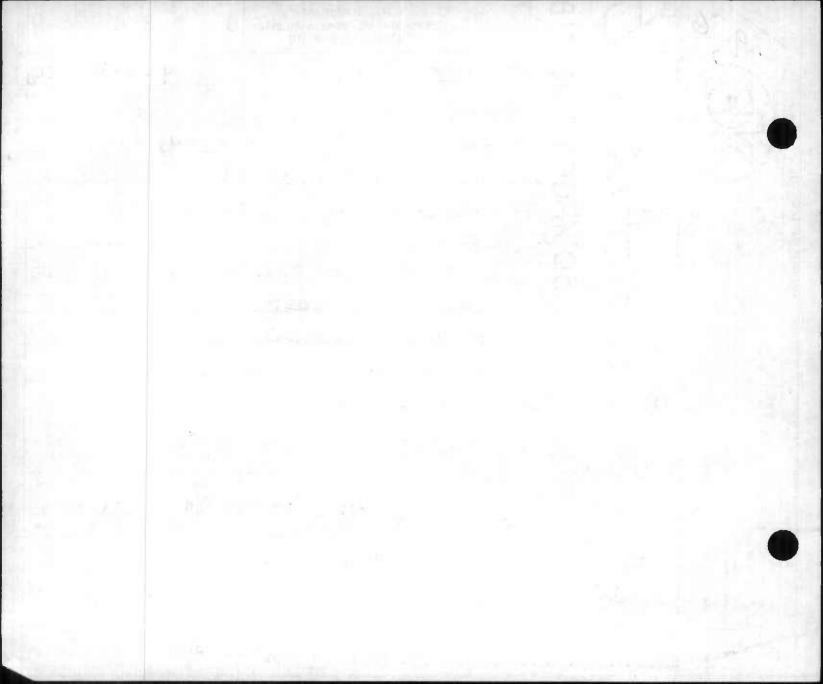
## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

EQ.	1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 2 4 2 9 1  CERTIFICATE OF DEATH  REG. NO.										
		CEASED NAME FIRST ROBO	ert Lyle		iney	2a DATE OF DEATH	26 HOUR				
	3. SE		4. RACE	5. DATE O	F BIRTH	6 AGE (IN YEARS LAST B					
)		male	CAUCASIAN	FEE	9, 1912 YEAR	69	YRS.	AYS HOURS MIN.			
0	7a. B	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH	1			
\$1		ILLINOIS	U.S.A.	WIDOWE	D DIVORCED	Montgom	very count	Y MD.			
8 September	Ç	ity or town of death Silver Spring	(IF NOT IN SUCH FACILITY, GIVE ST HOLY COSS	HOSP	)	120 USUAL OCCUPA (TYPE OF WORK FOR MOST SALESMAN	OF WORKING LIFE) INDUST	MACHINES			
35	13a M/	AL RESIDENCE (IF NURSING HOME O STATE 136 COU ARYLAND MONTGO	INTY 131 CITY OR T	OWN	13d INSIDE CITY LIMITS?		G ROCK ROAL	)			
50	14. F	ATHER'S NAME JOHN J	. KINNEY		15 MOTHER'S MAIDEN NA ROSE	WE	SERS1	G LAST			
dico		WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIALS	ECURITY NO.	17 INFORMANT	ADDI	RESS				
a B	1	10 NO OK UNKNOWN) (IF TES, GI	579-1	6-1038	ELEANORA 1	B. KINNEY	SAME AS 13	3 WIFE			
injury, or other troumatic event,		PART I. DEATH WAS CAUSI IMMEDIA  4100  Conditions, if any, which gove rise to immediate couse lail, stating the underlying cause last	DUE TO, OR AS A CONSE	OUENCE OF ARY	PERROTION	ASE		ROXIMATE INTERVAL EEN ONSET AND DEATH			
Avo Sm	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	NDINGS USED SES OF DEATH?			
18 sh	MEDICAL CER	?}a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCUR		URY IN ITEM 18 PART 1 OR PART	2)			
rked or	MED	71d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFI	ICE FARM ETC )	21f. LOCATION STREET	CITY OR T	OWN COUNTY	STATE			
MPORTANT: If them 21 is morked or them 18 sho		22a.1 certify that (I) (this hospital) attended the deceased from 1981, to 1981, that (I) (we) lost sow the deceased alive an 1981, and that in (my) (our) opinion death accurred an the date and hour and from the couses stated above. (I) (we) [did] (did not) view the body after death.									
NT. #		DEGREE  M.D. ATTENDING MEDICAL STAFF PHYSICIAN B DIRECTOR PHYSICIAN   220. DATE SIGNED  STAFF STAFF PHYSICIAN B DIRECTOR PHYSICIAN   STAFF PHYSICIAN B DIRECTOR PHYSICIAN   STAFF STAFF STAFF PHYSICIAN B DIRECTOR PHYSICIAN   STAFF PHYSICIAN B DIRECTOR PHYSICIAN   STAFF ST									
MPORTA		BIZINSH	LEISTER		8830 Caux	evou St.	Silver Sp	ringited			
<		BURIAL, CREMATION, REMOVAL	L 236 DATE 2	31. NAME OF CE	METERY OR CREMATORY	23d LOCATION		and an			
_	I	BURIAL	9/8/81	FT. LI	NCOLN	BRENTWOOD	PRI GEO.	MARYLAND			
/81			NCIS J. COLLINS		25a. DAT	P 10 1981	PKI (GEU)	NATURE			
	500	UNIV. BLVD., W.	SILVER SPRING,	MU. 209	01 30	pp 1					

DHMH - 16 50M 1/81 (VRA 15, 4)

retained by the haspital or attending physician



	1.	FOR STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND JEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8   REG. NO.	2 4 2 9 1
(B)		CEASED NAME FIRST	A C	Wi	AST	20 DATE OF DEATH MONTH	2 8/ 550 HOUR
E(S/¥3)	3 SE	VON	L RACE	IS DATE O	I N E	6. AGE (IN YEARS LAST BIRTHOAY)	F UNDER 1 YEAR   IF UNDER 24 HRS
age 4 s a 1 nce.	3.50	Female	White	Nov		75 <sub>yr</sub>	MONTHS GAYS HOURS MIN
death. Pa	7s. Bi	RTHPLACE ISTATE OR FOREIGN OUNTRY) Michigan	75 CITIZEN OF WHAT OF	MARRIE	D NEVER MARRIED DIVORCED	Montgomery	
by the fued within		aithersburg	(IF NOT IN SUCH FACILITY	AL, NURSING HOME C Y, GIVE STREET ADDRESS) 1th Care C	enter	12. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Housewife	12b. KIND OF BUSINESS OR INDUSTRY
y filled in auld be filled animer mu	USU.		OUNTY 13c. CIT	DENCE BEFORE ADMISSION) IY OR TOWN thersburg	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 10 Maryland A	lvenue
ompletely and 2 sho	14. F/	THER'S NAME FIRST  Edward	MIDGLE D	ubry	15. MOTHER'S MAIDEN NAME Eliza	ME MIDDLE	Coutcher
n and co		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR GATES)	-09-2390A	Derethea J.	10 Maryl Hane Gaithers	and Ave., sburg, Md. 20877
physicia papers. emoval. ic event		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CA	r only one couse per line for USED BY.		armst		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the death ce the attending imove carbon emation, or re other traumat		Canditions, if any, which gove rise to immediate	(b)	SONSEQUENCE OF	Jemia 9	· Uremia	Zyrs.
ed by theease ren	AL CERTIFICATION	underlying couse lost	10,000	PLONIC OF	renal fail	чгс	8yrs
: The law requ		Diabete.	: Melliti	ORWHICH OPERATION	ertension,	INCE	FYES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
SICIAN yysician. certificat transit pital Hygis Item 18		21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. ME	RY ONTH DAY YEAR	21c HOW INJURY OCCURR	YES NO	YES NO
DING PHY Itending ph After this of Ithe burial Ith and Mer marked or	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	210 PLACE OF INJU		21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENITAL OF ALL		22e   certify that (1)(this h saw the deceased alive above, (1) we) (did) to	ospital) oranded the deceo		. 17	to Soft 2	haur and from the causes stated
ERAL DIRE e detached for State Dept.		226_SIGNATURE	NSP			MEDICAL STAFF DIRECTOR   PHYSICIAN	221. DATE SIGNED 9-2-81
TO HOSPITAL retained by the TO FUNERAL for should be detach with the State D IMPORTANT:		James R	Moore Jr.		201 Brooks		hersburg hid.
/BP	23a E	Burial Burial	9/9/181		emetery or crematory wn Cemetery	Rockville M	county STATE
DHMH-16 25M (VRA 15, 4) 1/79	200		on F. H. Gai		d Ave., 25e. DATE	P 8 1981	

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1	~	the turning within	100	10 C	TY OR TOWN OF DEATH	1. N
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2120	1 hou	in by	una.	USU	AL RESIDENCE (IF NURSING HOME OR COTATE	THER I
9	in 24	filled ald br	examiner	130	M.D STATE	160
YIA	with	shot	exau	14. F/	THER'S NAME	1
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	The law requires that the death certificate be executed within 24 hours	completely filled 1 and 2 should be	質りの	L	erby Bro	///
A.	exec	d co	the medical		VAS DECEASED EVER IN U.S. ARM	
OWI	e pe	Pages			X	
BALI	ficat	en signed by the attending physici Then please remove carbon papers. or to burial, cremation, or removal.	or other traumatic event,		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y one
T.	certs	g ph n pa	atic		IMMEDIATE	
NO.	ath	arbo	aum		1539	D
EST	he d	atte ve c	er tr		Conditions, it ony, which	(
<u>a.</u>	tat t	the	to the		gave rise to immediate cause (a), stating the	30
3	tt sa	d by			underlying cause lost	(
5, 20	adni	n ple	shows any injury,	-	PART 2 OTHER SIGNIFICANT CO	IDNC
ORD	WE LE	The or to	any	MEDICAL CERTIFICATION	anem	0
D D	he	mit.	ows	CA	190 DATE OF OPERATION	19
ALF		t per gien	£ (	RTIE		4
I.V.	ICIA	ansi II Hy	E 9	Ü	218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21 H
Ö	1YS phy	ial-tr	= /	CAL	(IF EITHER_NOTIFY MEDICAL EXAMINER)	
OS OS	G Pt	er th	ked	AED	214 INJURY OCCURRED	21 (A
IAIC	ATTENDING PHYSICIAN: ital or attending physician.	Aft s the	is marked or Item 18	^	AT WORK AT WORK	
2	Cr a	OR Use	21 is		22e.I certify that (I) (this hospite	ol) off
	AT	for	em		sow the deceased alive on a obove, (1) (we) (did) (did not	view
	hosp	Diff	If Item	18	226 SIGNATURE	50
100	TAL	ERAL DIRECTOR: After this certificate has been signed by the attending physic e detached for use as the burial-transit permit. Then please remove carbon papers State Dept. of Health and Mental Hygiene prior to burial, cremation, or remova	E		10	1
	OSPITAL OR AT	UNERAL DIRECTOR: After this certificate has be to be detached for use as the burial transit permit. The State Dept, of Health and Mental Hygiene price.	RTANT:		228. PHYSICIAN'S NAME TYPE OR	PRINT

**DHMH-16 25M** 

(VRA 15, 4) 1/79

FOR

REGISTRAR

FIRST

DECEASED NAME

- STATE

(TYPE OR PRINT)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. MIDDLE 2. DATE OF DEATH MONTH DAY YEAR 2h. HOUR 9:40 W. IF UNDER I YEAR IF LINDER 24 HRS 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR OAYS 909 **9. BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED WIDOWED DIVORCED 126 KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFEL INDUSTRY Macon Housewife at home 13a STREET ADDRESS 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 9416 Bethesd Hol NO [ 15. MOTHER'S MAIDEN NAME MIDDLE ADDRESS 17 INFORMANT 166 SOCIAL SECURITY NO Oral L.Kline(Husband)9416-Holland Ct., Bethesds APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH min 20a AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO IT YES X NO YES [ 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) YEAR P.M 211 LOCATION STATE CITY OR TOWN COUNTY STREET and that in (my) (ear) opinion death occurred on the date and hour and from the couses stated 224 DATE SIGNED DEGREE MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

Susar IZEN OF WHAT COUNTRY? AME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ISTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ORCES? DATEST cause per line for (a), (b), and (c), UE TO, OR AS A CONSEQUENCE OF UE TO OR AS A CONSEQUENCE OF TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SEMINAL DISEASE OR CONDITION GIVEN IN PART TIO CONDITION FOR WHICH OPERATION WAS PERFORMED b. TIME OF INJURY OUR A.M. MONTH DAY e PLACE OF INJURY HOME, STREET, FACTORY, OFFICE, FARM, ETC.) ended the deceased the body ofter death 23c NAME OF CEMETERY OR CREMATORY 236 BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION CITY OR TOWN STATE 9-18-1981 Lee's Crematory Washington, D.C. Cremation 24 FUNERAL DIRECTOR J. Wm. Lee's Sons Co. 300-4th St., NE, Wash., DC20002

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TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physic shauld be detached for use as the burial-transit permit. Then please remave carban pape with the State Dept of Health and Mental Hygiene priar to burial, cremation, ar remaval.

OR ATTENDING PHYSICIAN: The low

retained by the haspital ar attending physician

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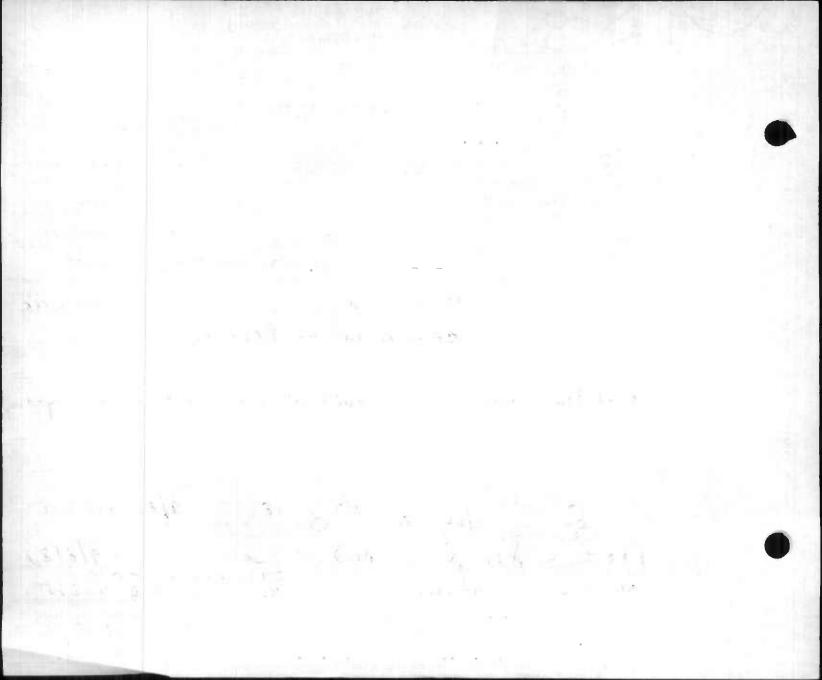
STATE OF MARYLAND STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

9 2

-1		REGISTRAR		CERTIF	CATE OF DEATH	REG. NO			
		CEASED NAME FIRST OR PRINT)  AARON	WIDDLE	KORTEN 20 DATE OF DEATH MONTH DAY YEAR SEPTEMBER 8, 1981					
4	3 SEX		4 RACE	5 DATE C		6 AGE (IN YEARS LAST BIRTHI		IF UNDER 1 YEAR	12:45A <sub>M</sub>
	N	IALE	WHITE	MONTH		79		MONTHS DAYS	HOURS MIN
1	76 BIRTHPLACE (STATE OR FOREIGN RUSSTA 76 CITIZEN OF WHAT COUNTRY)			RY? 8 MARRIEI WIDOWE	NEVER MARRIED DIVORCED	MONTGOMERY	COUNTY	V OF DEATH	MD.
9		TY OR TOWN OF DEATH VHEATON	RANDOLPH HT			120. USUAL OCCUPATIO	N WORKING LIF	126 KIND C	WINDOWS
5	134 5		ROTHER INSTITUTION, GIVE RESIDENCE BINTY GOMERY STLVER	SPRING	13d INSIDE CITY LIMITS? YES \(\begin{align*} \text{NO} \Bigsigm*	13e STREET ADDRESS 13215 HOLD	RIDG	E ROAD	
0		THER'S NAME FIRST  BARRIFL	MIDDLE LAST KORTEN		15 MOTHER'S MAIDEN NAA FIRST DINA	MIGGLE (L		ERTAINÂ	BLE)
/	16a V	VAS DECEASED EVER IN U.S. AR ES NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIALS E WAR OR GATES) 075~18		MRS. DIANE	BLUMENTHAL,		e as #1	3
		PART I. DEATH WAS CAUSE IMMEDIA  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE  (b)  CAR  DUE TO, OR AS A CONSE  (c)	OUENCE OF CIND A	A OF RE			02	IMATE INTERVAL ONSET AND DEATH CUEEE
2	CERTIFICATION	Diabetes 190 Date OF OPERATION	CONDITIONS CONTRIBUTING  OTTO S CI	rotic 1	bliterative	disease o	20V YES	A	Syndson
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/		22 SIGNATURE  22d. PHYSICIAN'S NAME (TYPE O	SAPRINT)	^	22e. ADDRESS 37	MEDICAL STAFF DIRECTOR PHYSICIA DO FARRA USING-TON	Gert	22c. DATE 9/	8/8/
	(5	urial, cremation, removal BURIAL	9/9/1981 N	OUNT CA	EMETERY OR CREMATORY	23d. LOCATION	es: 53	ellisativ.	y vork
		DONALDIM. STEII 232 CARROLL STI		AL FUNE SHINGTO	RAL HOME N, D. C.	14 198	REGIST	May second	est

DHMH - 16 60M 1/75 (VR A 15 (4))



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	( (M)		FEMALE	WHITE	MONIA	22	1899	85	2 YRS	MONTHS DAYS	
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	8 t 5//		POLAND	U.S.A.	WIDOWE	,	ORCED	MON	TRAN	IERY	
	1 11 11	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		R OTHER INST	ITUTION	12a USUAL OCCUPAT		12b. KIND O	FB
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312	dbe do	13a	AL RESIDENCE (IF NURSING HOMEOF	ROTHER INSTITUTION GIVE RESIDENCE BEFORM  13c. CITY OR TO		13d. INSIDE CI	TY LIMITS?	13e STREET ADDRESS			
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₽	t the		couse (a), stating the	DUE TO, OR AS A CONSEO	UENCE OF					P	4
5	d by lease ial, a		underlying couse last.	( )							
05, 2	uires signe nen p bur ury,	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR COM	IDITION GIV	EN IN PART 1	1
ORG	een een in Th	5	190 DATE OF OPERATION	196 CONDITION FOR WHIC	74	LIMAS DEDECT	Butto	20a AUTOPSY?	201 IF ME	, WERE FINDIN	10
E E	n. ne premo	CERTIFICATION	N.A.	119 CONDITION FOR WHIC	H OPERATION	N WAS PERFOR	KWED		IN CERTIF	YING CAUSES	
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> 4	physical representation of the		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH		210 110 W 1143	JOK! OCCOR!	ED (ENTER NATURE OF IN)	JKY IN HEM 18 P	ART 1 OR PART 2)	
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	TEN TOR: or us THe		saw the deceased alive an	19	0/	d that in (my) (	our opinion	death occurred on the c	date and hav	r and from the	cau
	hosp hosp ned f ept. o		22b SIGNATURE	ot view the bady after death.	0	DECIREE				22c DATE	
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	be de Sto	1	22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)	- Cup or	The ADDRESS		J DIRECTOR [] PHISI	CIAN		-
	HOS Pould the		F.W. BR	ENN WAL	1)	831	Mi	cesster be	rd C	= -	2
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FOR 1 - STATE

I. DECEASED NAME

(TYPE OR PRINT)

REGISTRAR

CLABLE ODRESS SAME AS ABOVE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CONDITION GIVEN IN PART 1 a 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ FINJURY IN ITEM 18 PART 1 OR PART 2) OR TOWN COUNTY STATE that (I) (we) last the date and have and from the causes stated STAFF BRENNYTU

STATE OF MARYLAND

CERTIFICATE OF DEATH

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE & FRIEDA QUEENERT

REG. NO.

YEAR

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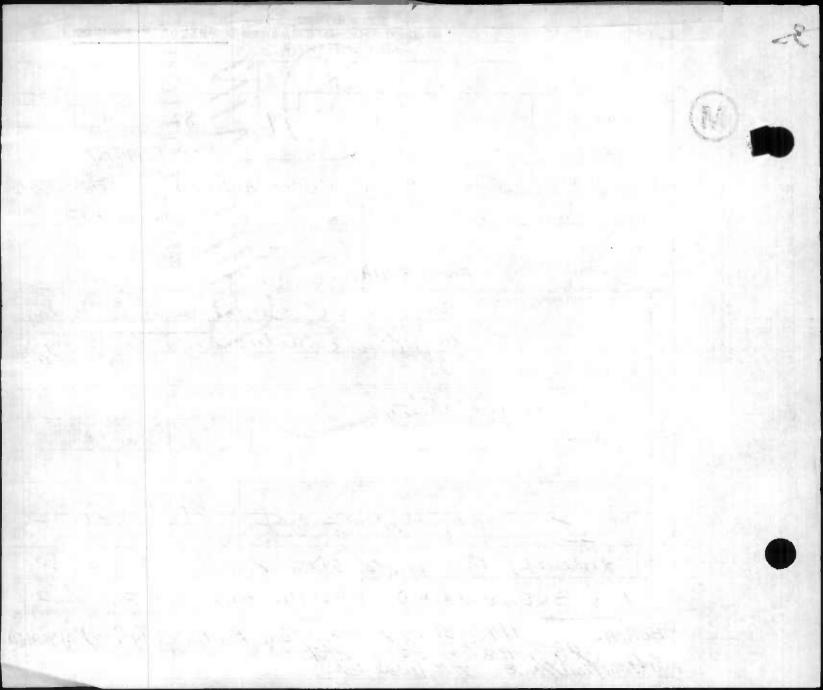
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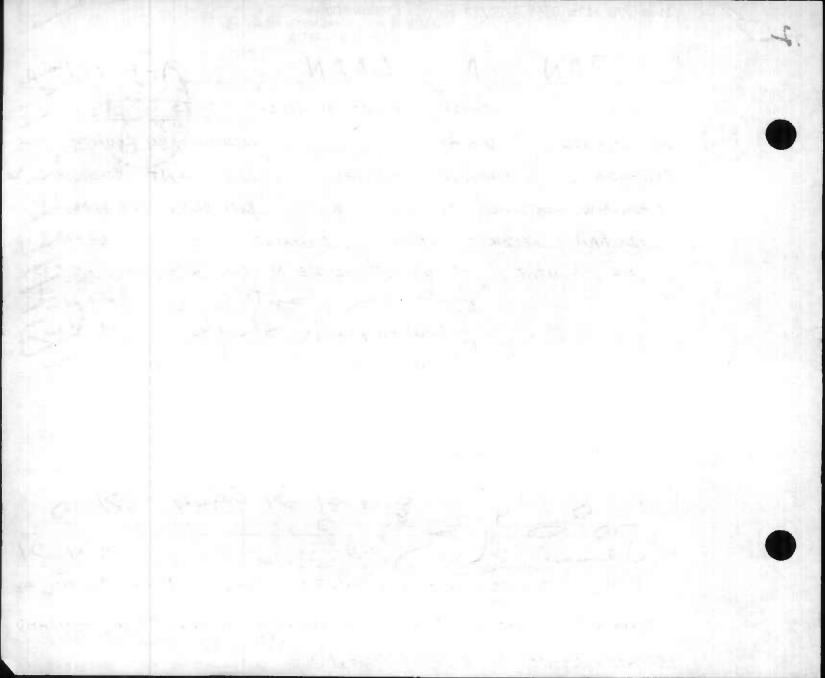
20. DATE OF DEATH

DHMH - 16 50M 1/81 (VRA 15, 4)



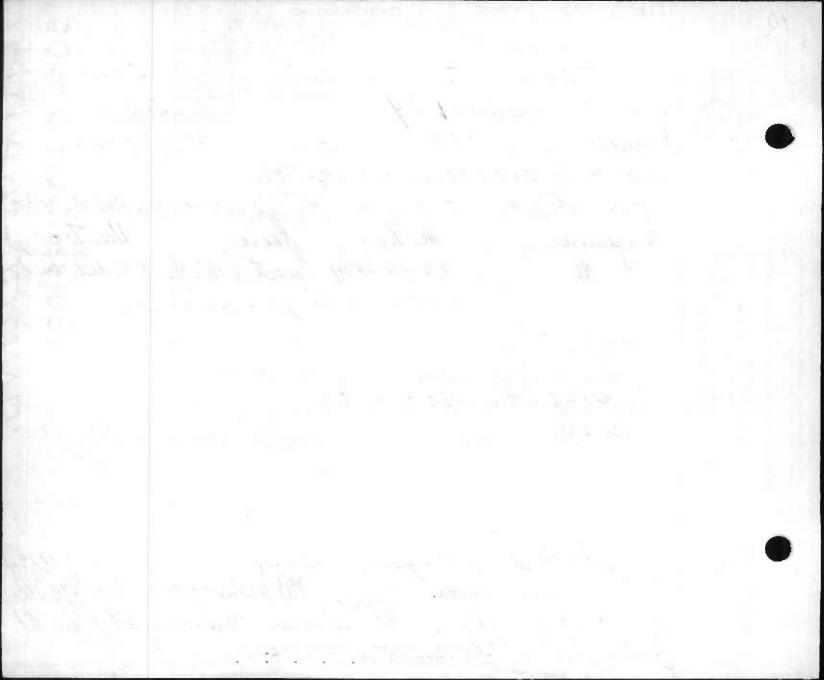
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page 3 r deoth		OR PRINT) A FIRST	MIDDLE .	LAAN	AS DATE OF BEATH	145 AM
ofter o	3 SE	(	4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
		MALE	WHITE	AUGUST 21, 1908	73 yrs.	
m 870		RTHPLACE (STATE OR FOREIGN COUNTRY)	TO CITIZEN OF WHAT COUNTRY? Netherlands	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
1/	N	ETHERLANDS	U.S.A.	WIDOWED DIVORCED		COUNTY MD.
1999	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INSTITUTION ADDRESS)	12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIF	12h KIND OF BUSINESS OR E) INDUSTRY
10		ETHESDA	SUBURBAN	HOSPITAL	CONSULTANT	VEGETABLE OIL PROC
85	13a. S	STATE 136 COUN	NOTHER INSTITUTION GIVE RESIDENCE BEFORE STY 13. CITY OR TOW TOWNSTEE BETTEE MIDDLE LAST REMMERT LAST	13d. INSIDE CITY LIMITS? YES NO 1  15. MOTHER'S MAIDEN NAME FIRST	MIDDLE	LAAN
187		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECL	IRITY NO. 17. INFORMANT	ADDRESS	CITIN
medi	(	/	NE 578-62	-0377 LEDNORE M.	LAAN (WIFE) S	AME AS # 13.
event, the		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane cause per live for (a), (b), an	cula asp	tale	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
roumatic		Canditions, if any, which gave rise to immediate	DUE TO, OR A A CONSEQUI	ACE OF gowic >	hock	11 day
ar other t		cause (o), stoting the underlying cause lost	DUE TO, OR AS ACONSEOU	ary astor	a disease	Year
or to bur y injury, s	TION	NOA			Hald disease or condition giv	
8 shows on	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	YES NOW IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO \( \bigcap \)
18 s		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART OR PART 2)
rked or	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
n 21 is mo		abov the deceosed alive on	tal) attended the deceased from		, ta, death occurred on the date and hav	
derached tate Dept NT: If then		January Connect	gleo,		MEDICAL STAFF DIRECTOR PHYSICIAN	9-4-D/
should be de with the State MPORTANT.		PAMUEL I	ナSCOHZ,		HIELDS DEN	E, BETHEROB
- 4 2 2	23a. E	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
	0.4.5	CREMATION	SEPT. 4, 1981 CE	DAR HILL CREMATORI	1 SUITEAND, S.G.	
M 1/81 4)	1	JNERAL DIRECTOR	ADDRESS	25 SE	PIOY 198 PARIZINE	R R THE LUNE CU
	Ch	AMBERS FUNEX	AL HOME SILVE	R SPRING, MD.		



		FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND IMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	24296
deoth deoth		CEASED NAME FIRST	EPH PATRI	CK LAGER  15. DATE OF BIRTH	20 DATE OF DEATH MONTH  O AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 26 HOUR  24 81 245  IF UNDER 1 YEAR 1F UNDER 24 HRS
director, proves other	3 567	MALE	CAUC	MONTH DAY YEAR 81	O YR	MONTHS DAYS HOURS MIN Z
35		STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	* MARRIED NEVER MARRIED ** WIDOWED DIVORCED **	9 BALTIMORE CITY OR COUNT GO	
by the filed		TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	ING HOME OR OTHER INSTITUTION ET ADDRESS)  OSS	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	G LIFE) 12b. KIND OF BUSINESS OR INDUSTRY
ould be f	13g S	LERESIDENCE (IF NURSING HOMEO TATE AND COULT FOR	PROTHER INSTITUTION, GIVE RESIDENCE BEFORM TO COMPANY OF THE CONTROL OF THE CONTR	ORE ADMISSION) WN 13d INSIDE CITY LIMITS? YES NO [4]	25 Rawley R	oad
O Capine	14. FA	THER'S NAME  PIRST  PREPT	MIDDLE LAST LAST	SER ANNE		DECANINI
medicol	160 W	AS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) None	Robert H.	Eager, 25 Raw	ley Road ry Md 21771  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
hen pleose remave corbonpop to burial, crematian, ar remov njury, ar other traumatic event,	NO	Conditions, if any, which gove rise to immediate couse (o), stating the underlying cause last	107		WK GESTATIO	
prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	206 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
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olth ond M morked or	MEDI	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)  21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
ed for us pt. of He em 21 is		saw the deceased olive or	ortal) attended the deceased from n 24 24 19.	SI, and that in (my) (our) opinio		, 19 , that (1) (we) lost hour and from the causes stated
with the Stote De		22d. PHYSICIAN'S NAME (TYPE O		22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	9-24-81 FOREST CLEN ER SPRING, MD
should with		URIAL, CREMATION, REMOVAL	L 23b. DATE 23c	NAME OF CEMETERY OR CREMATORY 1, Mt. Olivet Ce	23d. LOCATION	Frederick, Md
A 1/76	Šm.	- V I	Keeney, Bas St., Frederi		Of D	FURARUS NG NATURE

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Olin a. ablanwarth, .A., Bransags, Mai.

FOR

REGISTRAR

- STATE

DAYS MONTHS HOURS. MIN BALTIMORE CITY OR COUNTY OF DEATH MONTGOMERY 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY RATIWAY EXPRESS 5813 MARIBORO ROAD LAST RHODES 11705 GRANDVIEW AVE. WHEATON. MARYLAND APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE that (1) (we) last and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN STATE CEDAR HILI 24 FUNERAL DIRECTOR FRANCIS J. COLLINS 25a DATE REC'D BY REGISTRAR 25b REGISTRAR DHMH-16 25M 500 UNIV. BLVD. . W. . SILVER SPRING, MD. (VRA 15, 4) 1/79

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**CERTIFICATE OF DEATH** 

REG. NO

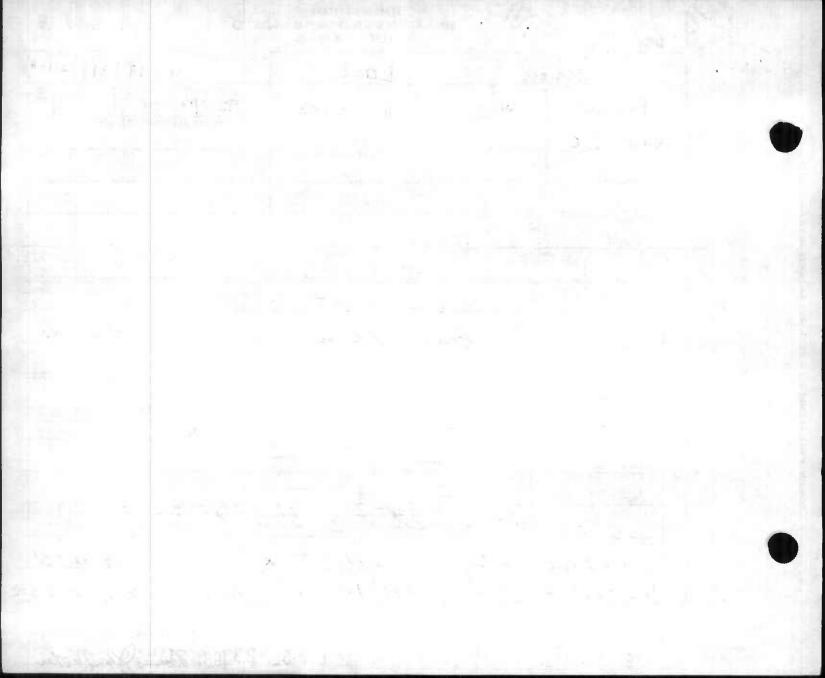
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IF UNDER I YEAR

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IF UNDER 24 HRS



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MPORTANT:

24 FUNERAL DIRECTOR

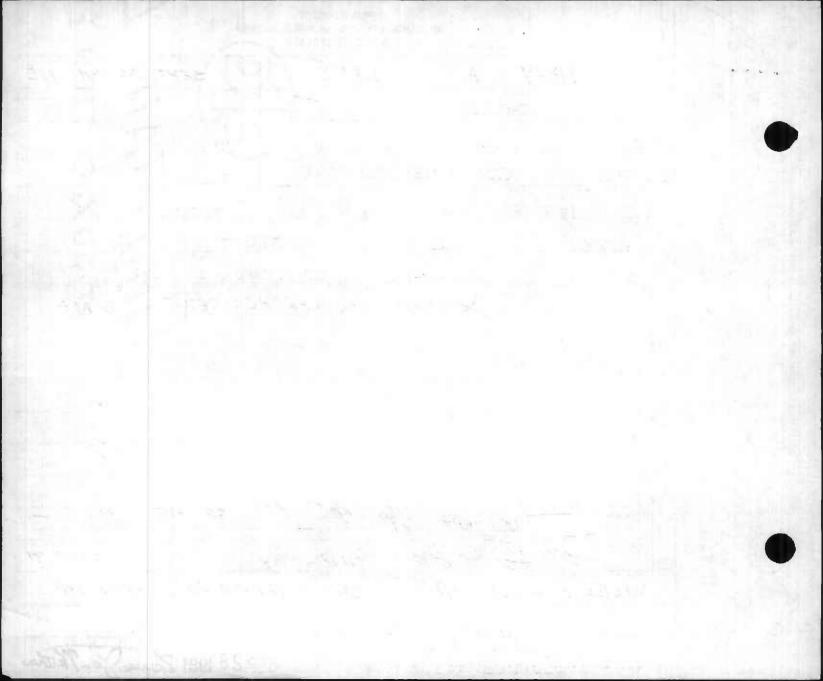
FRANCIS J. COLLINS

500 UNIV. BLVD. W. SILVER SPRING, MD. 20901

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH YEAR 2b HOUR (TYPE OR PRINT) MAR SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNGER I YEAR MONTH CAUCASIAN FEMALE 24.1891 APRIL 90 TO BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED IRELAND U.S.A. WIDOWED XX MONTGOMERY DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR POTOMAC VALLEY NURSING HOME INDUSTRY ROCKVILLE HOUSEWIFE LIBUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 30 STATE 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS GAITHERSBURG MONTGOMERY MARYLAND YEAK 100 32 DELLCASTLE ROAD 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME NEIL CATRINE SULLIVAN PATRICK 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS 17. INFORMANT (YES, NO OR UNKNOWN) HEYES GIVE WAR OR DATEST SON SAME AS 13 DANIEL J. LANE 228-72-1558 NO 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) VASCULAR ACCIDENT PART I. DE ATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Corlditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN STATE 22a I certify that (1) (this hospital) attended the deceased from sow the deceased alive on 18 7EPT abave, (1) (me) (did) (did nat) view the bady after death and that in (my) (aux) opinion death occurred an the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22500 81 2309 SHOREFIELD RD WHEATON MD 6-GOOLH MI 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY MT. OLIVET CEMETERY WASHINGTON, D. 9/25/81 BURTAL

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECT should be detached fi with the State Dept. o



n and completely filled Pages 1 and 2 shauld i

offending physicion

IMPORTANT: If Item 21 is marked at Item 18 shows any injury, at other traumatic event, the medical

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached for use as the buriol-transit permit. Then please remaye carbon paper with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remayal.

## STATE OF MARYLAND

•	STATE REGISTRAR	DEPA	CERTIFIC	ATE OF DEATH	REG. N	0	
	I. DECEASED NAME FIRST (TYPE OR PRINT)	dora P.	Lar			r 12,1981	20 1100K
	Female Female	Caucasian	S. DATE OF	18°, 18°9°8	6 AGE TINYEARS LAST BIR	THDAY) IF UNDER 1 YE MONTHS DA	
7	Me xico	76 CITIZEN OF WHAT COUNTE United State	AA A DDIED	NEVER MARRIED DIVORCED	Montos	mery Cour	
2	Bethesda	11. NAME OF HOSPITAL, NUR (IF NOTHIN STICH FAGILITY, GIVE STE Suburban	Hospit	al	TYPE OF WORK FOR MOSTO Homemak	F WORKING LIFE) INDUST	D OF BUSINESS OR RY D me
			OWN 1	3d INSIDE CITY LIMITS? YES NO	4400 Eas	t-West Hi	ighway
1	14 FATHER'S NAME FIRST Guillermo	B. Puga		Maria	AME	Cortez	LAST
	160. WAS DECEASED EVER IN U.S. AF	RMED FORCES? VE WAR OR DATES) 166 SOCIAL SE 577 8		7 INFORMANT SO Edward R.		SS Lee High ngton. V	
?	Conditions, if ony, which gave rise to immediate couse to stating the underlying cause last  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.  (IF EITHER NOTIFY MEDICAL EXAMINE)  21d INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINE  AT WORK AT WORK  22a. Lecrify that I (this hosp	DUE TO, OR AS CONSECTION OF THE PRINT!  DUE TO, OR AS CONSECTION OF THE PRINT	QUENCE OF  QUENCE OF  OUENCE OF	WAS PERFORMED  21c. HOW INJURY OCCU  21f LOCATION STREET  that in LOT (aur) apinion  GREE  ATTENDING PHYSICIAN  22c. ADDRESS	MINAL DISEASE OR CON  WYNE'S B-0  200 AUTOPSY?  YES NO	20b. IF YES, W RE FIN IN CERTIFYING CAUS YES  RY IN ITEM 18 PART OR PART WN COUNTY  19 22c. DA FF IAN  22b. DA	DINGS USED SES OF DEATH? NO []  STATE
	230 BURIAL, CREMATION, REMOVAL (SPECIEV) TIAL	1	Gate of	METERY OR CREMATORY Heaven	23d LOCATION CITY OR TOWN Silver	Spring,	Marylan

DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physician

> 15, 1981 24 FUNERAL DIRECTOR ROBERT A. PUMPHREY FUNERAL HOMES, P.A., BETHESDA, MARYLAND

Spring, SEP 16 1981 Registrar's signature

Maryland

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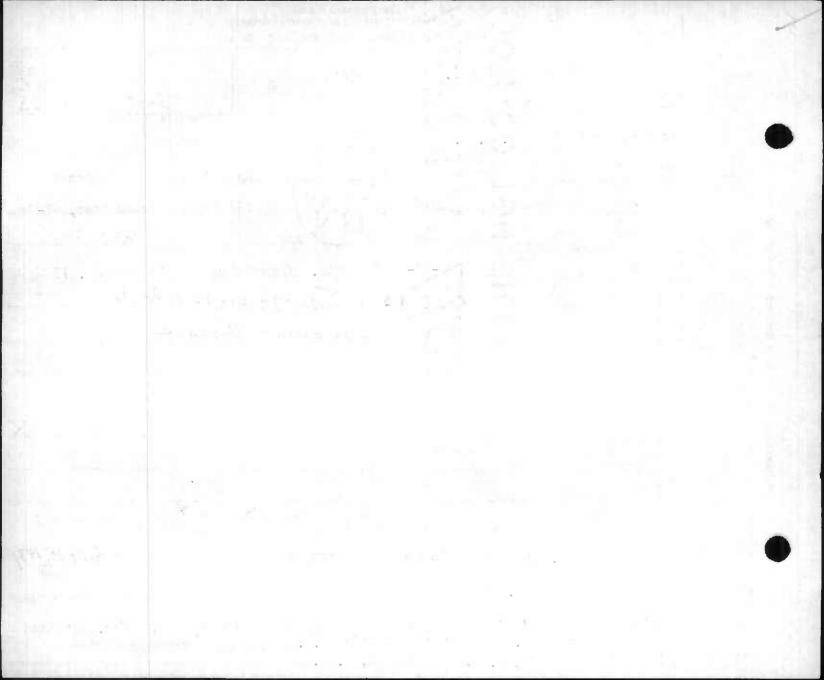
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	TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deretained by the hospital or attending physician.

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DHMH-16 25M (VRA 15, 4) 1/79

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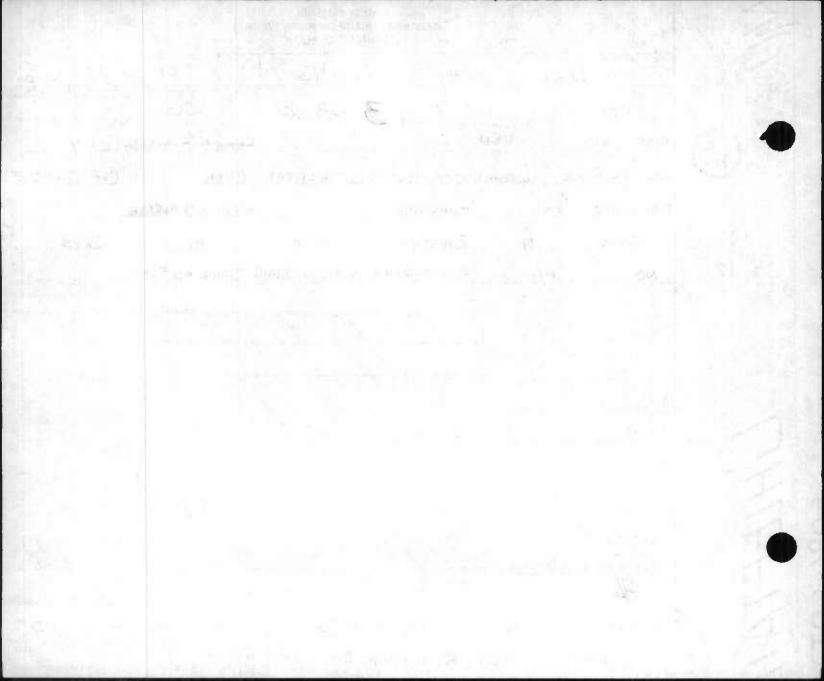
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7/	Takom	a Park	W		ton Ad		ist Hospita	Secret			t of
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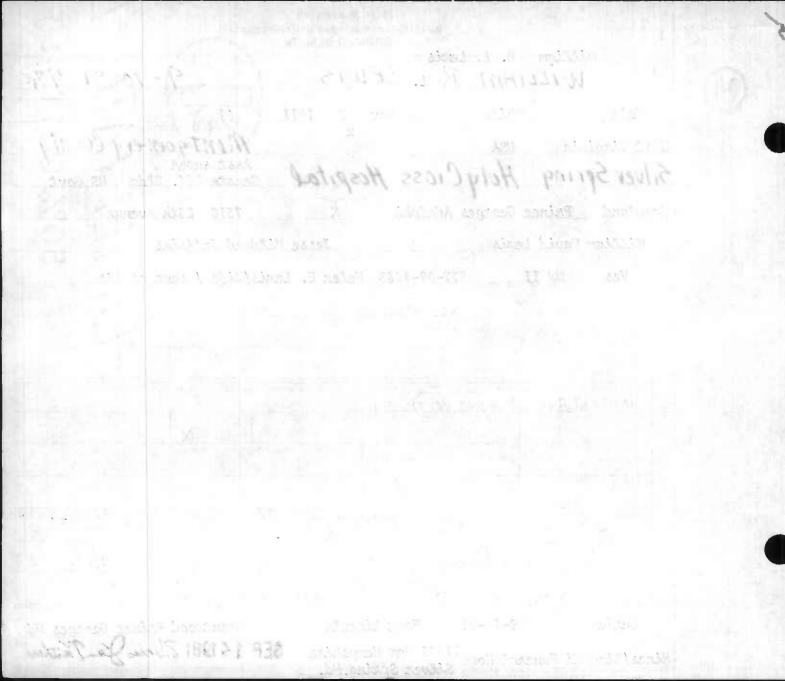
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N ASS	m	RITHPLACE (STATE OF		USA	WIDOW		PRINCE G	OR COUNTY OF	COUNTY MD
	TAI	COMA PAI	ete 1	1. NAME OF HOSPITAL, (IE NOT IN SUCH EACILITY, GIVEN SHINGTON	VE STREET ADDRESS)	IST HOSPITAL	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST)	ION OF WORKING LIFE}	126. KIND OF BUSINESS OR INDUSTRY C+PTELEPHONE
BS BS	13a. S	L RESIDENCE (IF NO TATE RYLAND	NA COUNT	Y Hyan		YES NO D	4909 70th	AVENUE	
ord 2 y		John John			EMAN	Viola	WEGGTE		JONES
Service of A	- 0	AS DECEASED EVE 15. MO OR LINKMOWN! JO		WAR DR DATEST	U SECURITY NO.	VERNON LEW	SAME AS		APPECAMAN POTENTAL BITWEEN OPENT AND DEATH
ow requires that the death or she is been speed by the attender prior to be used a temption or prior to be used a temption or only injury, or ather transmitted.	CERTIFICATION	Conditions, if or gave rise to : cointr (o) - sto underlying - cou PART 2 - OTHER SI	mmediate ting the se last. GNIFICANT CO	DUE TO, OR AS A CONDITION ON CONTRIBUTE	NSEQUENCE OF NG TO DEATH BUT	411	MINIAL DURESHE ON CON	70h. # YE5, W	N PARCIE
ING PHYSICIAN: The action of the physician after this certificate has one the buriol-transit per the and Mental Hygiene that and Mental Hygiene forked or them 18 shown orked or them 18 shown orked	MEDICAL CERTIF	at work and at a	CAUSE OF DEATH DICENTRAMINERS IRRED	P.M. THE PLACE OF INJURY JAPHOME STREET FACTORS	DHIELEAM ETC.	212 HOW PHUN OCCU	VES NOW NAMED IN THE CONTROL OF THE	YES [	] NO []
TO HOSPITAL OR ATTENDI retained by the hospital of TO FUNERAL DIRECTOR: a should be detached for use with the State Dept. of Heal IMPORTANT: If them 2 is sm		7.6	didicate on	PRINTS  A R T	4 3/	DEGREE ATTENDING PHYSICIAN  220 ADDRESS  \$3/ Max	MIDICAL STA	FF.	the (II (we) lost of From the course stated
∂BP	E	URIAL, CREMATION	N, REMOVAL	236 DATE SEPT 24 1981		EMETERY OR CREMATORY	BRENTW		PG. MD
DHMH - 16 50M 1/81 (VRA 15, 4)		NAME	9013 A	NNApolis Roll	LANHAN	n md. SE	P 2 9 1981	Trans 9	SOLD WAR PORCE

DHMH - 16 50M 1/81 (VRA 15, 4)

GRANT F.H. 9013 ANNApolis Rd. LANHAM Md.



8 1	FOR - STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	
(171	CEASED NAME WILLIAMS	IAM R	L. LEWIS	20 DATE OF DEATH MONTH DAY YEAR 9-10-81
3 51	Male	4 RACE White	S. DATE OF BIRTH  MONTH  DAY  NOV  3  191	
00	IRTHPLACE INVATEOR FOREIGN COUNTRY)  St Virginia	76 CITIZEN OF WHAT CO	MARRIED A NEVER MARRIE	o [ Montgomery Cou
685	Iver Spring	HOLY C	OSS HOSPITAL	124 ISUAD OCCUPATION (1900 Merkoll Della working life) INDUSTRY  Senate 046. Bldg US (1900)
3 Mc	vyland Princ			7310 23th Avenue
60	ATHER'S NAME FIRST William David			Mildred Jeffries
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV YES WW I	E WAR OR DATES)	-09-4883 Helen E. I	ewis/Wife / same as 13e
ofic event, #	18 CAUSE OF DEATH LENter on PART 1. DEATH WAS CAUSE IMMEDIAT	ly ane cause per line for (a D BY. E CAUSE (a)	remia	APPROXI BETWEEN Q V
ather froum	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CO	DNSEQUENCE OF	
ATION	PART 2. OTHER SIGNIFICANT OF  METASTATIC  190. DATE OF OPERATION	adenaca	TING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
8 shows ony injur	210. ACCIDENT WAS UNDERLYING	1 21b. TIME OF INJURY		YES NOX YES YES
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MO	NIH DAY YEAR	CCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
orked or	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR (AT HOME STREET FACTOR	RY, OFFICE, FARM, ETC.) STREET	CITY OR TOWN COUNTY
m 21 is m	220. I certify that (1) (this haspi saw the deceased alive of abave (1) (were did) (did no	Sent 10	th. 19 8 , and that in (my) (our) a	oinion death occurred on the date and hour and from the
ANT.	22b. SIGNATURY	AS Rosen	DEGREE ATTEND PHYSIC	ING MEDICAL STAFF IAN DIRECTOR PHYSICIAN 220. DATE
N N	Mark S.	Rosen M 123b. DATE	no ADDRESS Silver	Spring, Md.
M OK	BURIAL, CREMATION, REMOVAL		23c NAME OF CEMETERY OR CREMA	ORY 23d LOCATION



			1. DE	CEASED NAME FIRST OR PRINT)		MIDDLE	U	AST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOU	R
	oy be		(ITPE		- **		TTM	70			0 0	7 81	6.1	ROPM
	yom deg		3. SE	Pep	4 RACE		LTMM 5. DATE O			AGE (IN YEARS LAST BIR		F UNDER I YEAR	1F UNDER	
			3 36				MONTH		YEAR	011		MONTHS DAYS	HOURS	AIN
	Poge 4			Female	Whit		5	15	87	99	YRS			
	2 g	907	7a BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. AA A D D IE F	□ NEVER MA	DOIED	BALTIMORE CITY	OR COUNTY	OF DEATH		
	deam unero	6	R	OMANIA		UGH	WIDOWE	DIVID	ORCED	Montgome		inty		MD.
	the f		10. C	TY OF TOWN OF DEATH		HOSPITÁL, NURSIN CH FACILITY, GIVE STREET A				170 USUAL OCCUPAT (TYPE OF WORK FOR MOST O		126 KIND O INDUSTRY	FBUSINE	SS OR
201	is o	5/0		Bethesda c	Carria	Pe Hill-Be	these	da Cedar	Lane	HO119E (0)	IFE			
0 21:	24 hou	SA F	USU.	AL RESIDENCE (IF NURSING HOME OF TATE	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE		134 INSIDE CIT		13. STREET ADDRESS	2001	1 1201	1-	,
Š	y t	E/-	WY	114K 14TVVX 1VVO	TI HUNIEN	1 10ETHES	777	YES W	40 🗌	19 9 175	KKZ	VIXIV	L	
×	with with d 2	HE TOWN	1	FIRST	MEDLE	LAST				WIDDIE		LAS	т	
ž.	Day of o	1800		Ezekiel		Ernowit	Z	Sa	bena			Cohe	n	
E.	d co	0 /		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORMAN	T	ADDRI	ESS			Md.
BALTIMORE,	Pog C	тедісо	,	No -		213-56-4	621	Louis	A. Zuc	kerman; 731	3 Bar	ra Dr	Bet	hesda.
T T	re b	ŧ		18 CAUSE OF DEATH (Enter of	aly one couse per	line for (a), (b), and	161.1	//	7	1	-	APPROXI-		
60	fico pop pop	ent,		PART I. DEATH WAS CAUS	ED BY	11110 101 101, 101, 010	TAD!	diAC	HARD	7F4T		BETWEEN	4 M	DEATH
S	ng p	ě		IMMEDIA	ATE CAUSE (0)		////	1110		6-11			11	
PRESTON	orth or corl	TO F		4149	DUE TO, O	R AS A CONSEQUE	NCE/OF	71/ 4-	Ant	DIGITAL	E	11	Vn	/ ,
ES	dec	õ		Conditions, if ony, which gove rise to immediate	(b)_	(OKO	14/1/10	1/1/2	///~/	11941/16		10	1/4	
- A	the rem	ě		couse (o), stoting the	DUE TO, O	R AS A CONSEQUE	NCE OF	/						
<u>&gt;</u>	thot by sose ol, c	5		underlying couse lost.	(c)									
, 201	res gne n ple	o ,		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED T	O THE TERM	IN AL DISEASE OR CON	DITION GIV	EN IN PART 10	) 1	
DIVISION OF VITAL RECORDS.	The The	5	CERTIFICATION	CERE	DAHL	ARTEK	1050	1.FBCK	914					
8	w r	, u	A	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	WAS PERFOR	MED	200 AUTOPSY?		, WERE FINDIN		
×	n of or	\$ 1	Ĕ							YES NOT	· ·	YING CAUSES	OF DEAT	
I	The sicro	8	ERT	21a. ACCIDENT WAS UNDERLYING	216 TIME C	F INJURY		21c HOW IN JU	IRY OCCUPE				140	
>	physical front tron			OR CONTRIBUTING CAUSE OF D			Y YEAR		J OCCOM	(EITER ITATIONE OF ITATIO	AT 114 (16)	ART TORT ART 2)		
0	SIC	He 3	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE		M	19							
Ö	PHY endi	ŏ	Đ.	21d INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC )	211 LOCATION	4	CITY OR TO	WN	COUNTY	ST	ATE
ž.	offer seth	rked	~	AT WORK NOT WHILE AT WORK		, , , , , , , , , , , , , , , , , , , ,								
۵	or Af	E		220 I certify that (I) (this has	oital) attended th	e decapsed from_	- 19	HX	19	10 51-117	111	19 7	that (I) (s	ve) lost
	TEN to OR	5		sow the deceased alive a	a Spirit . 1	2/ 198	1 . on	d that in (my) (c	our) opinion o	leath occurred on the d	ote and hou	0 /		,
	osp ECT ECT of fo	E .		obove, (l) (we) (did) (did r 22b SIGNATURE /	ot) view the body	ofter death.	1	EGREE/				22c. DATE		
U	the half DIR etoche	# # #		Haut	yu	Refuga	el i	AAD / AT	TENDING P	MEDICAL STA		9-7	14	87
	by the	Z -		226. PHYSICIAN'S NAME (TYPE	OR PRINT	101	4 5	22e ADDRESS		,		1	4 1	1
	o HOSP etorned TO FUN should b	MPORT		SAUL Z	UKER	MANIA	1.1)-	5410	CON	NECTICO	TA	VE 1	1.4	1
10	F 5 E 4 3	≤	23a E	SURIAL, CREMATION, REMOVA	L 23b. DATE	23c N	AME OF CE	METERY OR CR	EMATORY	23d. LOCATION				

FOR

REGISTRAR

- STATE

DHMH-16 20M (VRA 15, 4) 7/78

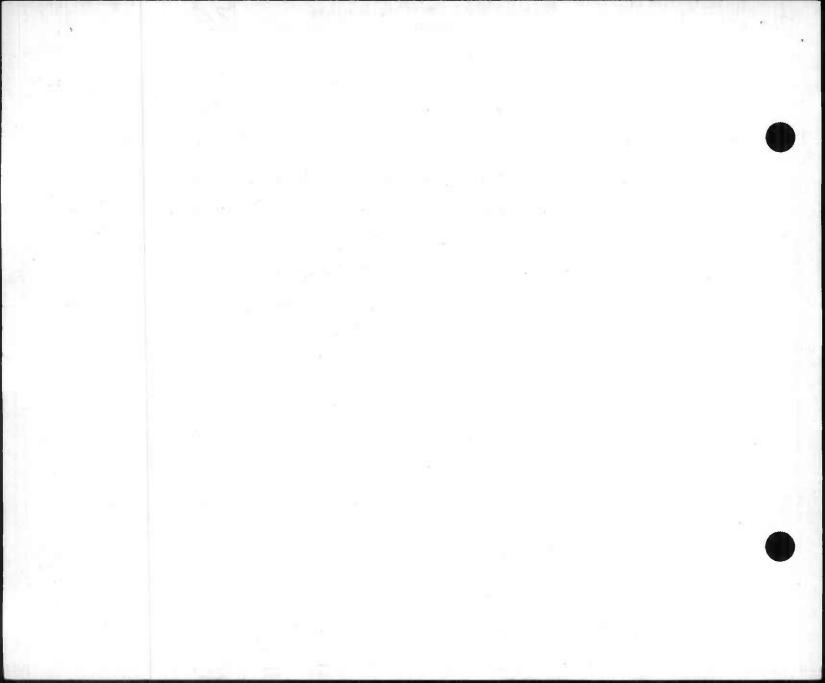
COUNTY STATE that (1) (we) lost nd hour and from the causes stated 22c. DATE SIGNILL Falls Church, Virginia 9-28-81 King David Mem. Garden Burial 24 FUNERAL DIRECTOR ACORESS Rockville, Md. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S Danzansky-Goldberg Chapels: 1170 Rockville Pike

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

KEGISIKAK					REG. I	NO.				
1 DECEASED NAME	FIRST	WIDDIE		LAST	20 DATE OF DEATH	MONTH	DAY	YEAR	26. HOL	
TYPE OR PRINT)	William	M.	I	Loman		9	4	81	11:	10
3 SEX	4. RACE			5 DATE OF BIRTH	6 AGE (IN YEARS LAST BE	RTHDAY)	IF UNDE	RIYEAR	IF UNDER	R 24 HR5
Male	(2)	002512	2 17	June 16, 1903	78	YRS	MONTHS	DAYS	HOURS	MIN
To BIRTHPLACE (STATE O	OR FOREIGN 76 CITIZET	N OF WHAT CO	UNTRY?	8	9 BALTIMORE CITY		TY OF DE	ATH	- 11-15	
COUNTRY)	nda Had	ted Stat	-00	MARRIED NEVER MARRIED	Montgom	nery				

West Virginia United States O CITY OR TOWN OF DEATH

Olney MD

FOR

- STATE

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

GIVE RESIDENCE BEFORE ADMISSION

126 KIND OF BUSINESS OR Hecht Company Montgomery General Hospital Ret, Executive

3566-Chiswick Court 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Silver Spring YES X Maryland Montgomery 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Clara Moore

William Smeltzer Loman 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 578-10-4568

Mildred K.Loman(Wife) Same as # 13

ADDRESS

18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	BY.	e for (o), (b), and (c)	al	calon	0	MUWEEN ONSET AND DEATH
1539 IMMEDIATE	DUE TO, OR A	S A CONSEQUENCE OF	ead	netas	tases	2 /2
gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR A	s a consequence of			10.0	

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTO		20b. IF YES, WERE FIND IN CERTIFYING CAUSE	
particular to the same			YES 🗌	NO	YES	NO 🗌
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NA	TURE OF INJURY	IN ITEM 18, RART 1 OR PART 2)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19					
21d. INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION				
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET		CITY OR TOWN	N COUNTY	STATE

220.1 certify that (1) (the baseled) attended the deceased from sow the deceased alive on 45ept 19 sow the deceased alive on ... and that in (my) (a) opinion death occurred on the date and hour and from the causes stated

obove, (1) (we) (did) (did not) view the body ofter death ATTENDING MEDICAL

22e ADDRESS

BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF CEMETERY OR CREMATORY	23d. LOC.
Cremation	Sept. 5, 1981	Lee's Crematory	Was

Washington, D.C.

24. FUNERAL DIRECTOR J. Wm. Lee's Sons Co. 300-4th Store, NE, Wash., DC20002

DHMH - 16 60M 1/75 (VR A 15 (4))

should be deto with the State [ MPORTANT

Item 18

marked or

25

June 16 1102 78

Maryland Pentumery Ellver Spring v 15 Co-Chindel Jours

Moore Course Course Course Moore Moore No. 10-4-38 Moore Moo

Jacob des la company de la com

TENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after

and completely filled in by the function to be seen of one of a should be filed within 72

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and coshould be detached for use as the buriol-transit permit. Then please remove corbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol. cremation, or removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, ar other troumatic event, the medical

STATE OF MARYLAND

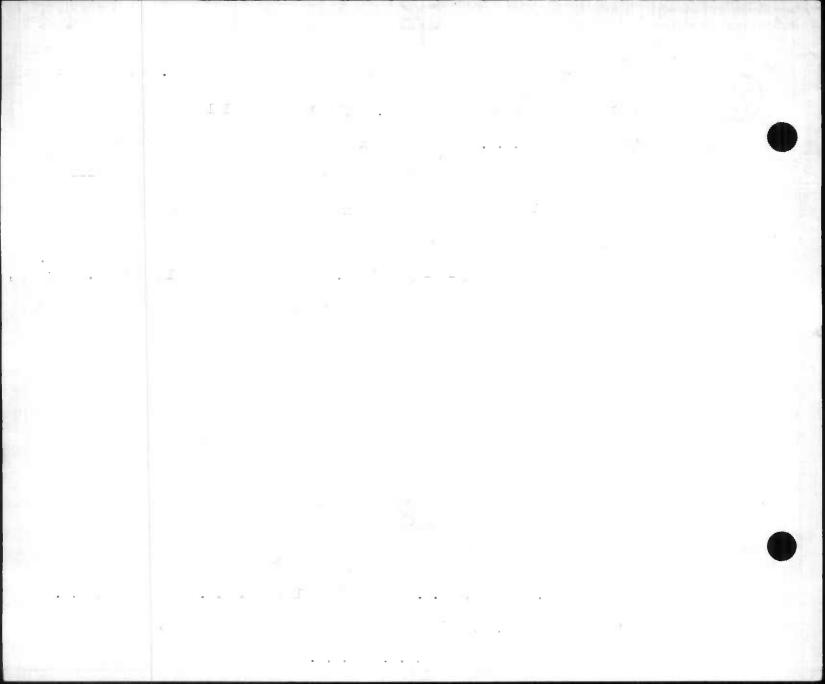
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Greek				

1	FOR STATE			DEPART	MENT OF H	IEALTH AND MENTAL HYG	SIENE O 1	See will	1 0	0
, .	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0		
	CEASED NAME	FIRST		MIDDLE	l	AST	20 DATE OF DEATH	_	AY YEAR	26 HOUR
(TYPE	OR PRINT)	Emma			Loc	os	Se	ept. 14	,1981	8:45 a
3 SE	Х		4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIR		FUNDER 1 YEAR	IF UNDER 24 HRS
	female		cauca	sian	Aug.	-0 -00-	101	YRS	ONTHS DAYS	HOURS MIN
70 B	IRTHPLACE ISTATE O	OR FOREIGN		WHAT COUNTRY?	1		9 BALTIMORE CITY		OF DEATH	
	ountry Jaryland		U.S.A			D NEVER MARRIED DIONORCED	Montgo	norme Co	un tar	
	ITY OR TOWN OF	DEATH			WIDOWE NG HOME C	OR OTHER INSTITUTION	12e USUAL OCCUPAT			MD. OF BUSINESS OR
			(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MOST	OF WORKING LIFE)		,, posi, 1233 OK
	lockville	/				Home for Aged	homemake	<u> </u>		2 000 nm
130.	AL RESIDENCE (IFF	134 COUT	UTY	, GIVE RESIDENCE BEFOR	E ADMISSION) /N	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
M	larvland	Bal	timore	Baltimo	re	YES 😿 NO 🗌	4203 Glens	arm Av	renue	
14. F/	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA				
	Michael	Willi		Koehler		Louisa	MIDDLE		Hill	)T
	WAS DECEASED EV	ER IN U.S. AR	MED FORCES?	166 SOCIAL SECL	JRITY NO	17 INFORMANT	ADDR	ESS	di di salan palan mine	Md.
(	YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	218-07-	9954	Rev.Richard	Reichard 9	701 <b>V</b> ei	rs Dr.	Rockville
		ATH (Enter or	nly one couse per	line for (a), (b), on	idicii.	1 // /	1			MATE INTERVAL ONSET AND DEATH
	PART I. DE ATH		D BY	Cana	Ost	in a Heart	Faller	RP	7	21121/1
	11/1/1	IMMEDIA							-	
	Conditions, if c	0	DUE TO, O	R AS A CONSEQU	ENCE OF.	soppreli	Heart D	2000	0 -	maks.
	gove rise to	immediate	(6)—	and t	7,000		- NC- 1 B	Vario	4	
	couse (o), strunderlying co	oting the	DUE TO, O	R AS A CONSEOU	ENCE OF					
			( (c)							
NO.	PART 2 OTHER S	IGNIFICANT (	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION GIVE	N IN PART 10	a ·
CERTIFICATION	190 DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
F							YES NO NO	YES	ING CAUSES	NO T
2	21a ACCIDENT WAS	UNDERLYING [	216 TIME O			216 HOW INJURY OCCUR				
	OR CONTRIBUTING		4117	M. MONTH D						
MEDICAL	(IF EITHER, NOTIFY MI		21e PLACE		19	21f LOCATION				
ME	WHILE IT NO	T WHILE		REET, FACTORY, OFFICE,	FARM, ETC )	STREET	CITY OR TO	WN	COUNTY	STATE
	AT WORK AT	WORK -			201		P. P.O.	1 14		
	220.1 certify that		F* A	deceased from_	ing	3, 19 77			9 90/	hat (I) (we) lost
	obove, (I) (==	eased alive on (did)(drd a	H view the body	ofter death		nd that in (my) (our) apinion	death occurred on the o	ate and hour	and from the	couses stated
	226 SIGNATURE	0.1	7	415/3		DEGREE			22c. DATE	SIGNED
	H 20	rold	7	u-a	un	M. ATTENDING	MEDICAL STA		9-	14-81.
	22d. PHYSICIAN'S	NAME (TYPE C	R PRINT)			22e ADDRESS	)			
	На	rold 1	F. McCa	nn, M.D	•	3355 16th	n St. N.W.	Washir	ng ton,	D.C.
23o	BURIAL, CREMATIC	N, REMOVAL			NAME OF C	EMETERY OR CREMATORY	23d LOCATION	_ 1	OUNTY	STATE
L'	Burial		Sept.	17,1981	Parkwo	ood Cemetery	Baltim	ore, M	aryland	d
24 F	UNERAL DIRECTOR			ADORESS.	A	O.F.	E REC'D. BY REGISTRAR	756 BEGISTR	ARS SIGNAL	URE
	Hysong F	uneral	Home, I	1300 N St	.N.W.	Wash.D.C.	P 2 2 1981	Bener	Aller !	100 C

DHMH-16 20M (VRA 15, 4) 7/78

TO MOSPITAL

etoined by the hospital or attending physician.



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Page 4

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

2	A	3	
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1	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYGICATE OF DEATH	REG. N	0.	-	J	u
	CEASED NAME	FIRST	ħ	MIDDLE	ŧ	AST	20 DATE OF DEATH	MONTH E	DAY	YEAR	26 HOUR
	3000	Ferm		M	L	owe		9 :	20	81	08:00an
		4 RACE 5 DATE OF BIRTH MONTH DAY YEAR		DAY YEAR	6. AGE (IN YEARS LAST BIR		IF UNDE	R : YEAR DAYS	IF UNDER 24 HRS. HOURS MIN		
	IRTHPLACE (STATE OR FO	OREIGN	L CITIZEN OF	MHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O		OF DE	ATH	MD.
	ITY OR TOWN OF DEA	ATH.		H FACILITY, GIVE STREET	ADORESS)	or other institution	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Housewi	ION DE WORKING LIFE		KIND O	F BUSINESS OR
130	AL RESIDENCE (IF NURS STATE Iryland	13b COUN Montg	TY	GIVE RESIDENCE BEFORE 13c CITY OR TOW Gaithers	N	13d INSIDE CITY LIMITS? YES 🔼 NO 🗌	13e STREET ADDRESS 219 Lee S	St., A	pt.	105	
14. F.	ATHERS NAME FIRST Percy	M	IODIE	Yokley		15. MOTHER'S MAIDEN NA	WE		Br	e (AST	14
	WAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	219-14-8		James Yoklej	7, 36 W. Dec	Gaith r Par	ers k D	burg	, Md.
CERTIFICATION	190 DATE OF OPERA	Which mediate is the lost	DUE TO. O  DUE TO. O  DUE TO. O  OND (10 NS \$2  196. CONDI	R AS A COMMOUNT OF THE PROPERTY OF THE PROPERT	OPERATIO	NOT RELATED TO THE TERM N WAS PERFORMED  21c. HOW INJURY OCCUR	20a AUTOPSY? YES NOW	20b. IF YES IN CERTIF YE	, WERE	FINDIN	IGS USED OF DEATH?
MEDICAL	OR CONTRIBUTING (FETHER, NOTIFY MEDIC 21d. INJURY OCCUR! WHILE NOT WAT WORK AT WO 220.1 certify that (I) sow the decost	ALEXAMINER) RED HILE CORK (this hospite	P 21e PLACE (	M.  OF INJURY  EET, FACTORY, OFFICE, F	19 ARM, ETC.)	211 LOCATION STREET	death occurred on the d	20	cou	1	STATE that (1) (we) lost

retained by the haspital ar

DHMH - 16 60M 1/75 (VR A 15 (4))

TO FUNERAL DIRECTOR

TO FUNERAL DIRECTOR. After this certificate has been signed be should be detached for use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial,

OR ATTENDING PHYSICIAN: The lo

IMPORTANT: If them 21 is marked or Item 18 shaws any

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

Sept. 22, 1981

23c NAME OF CEMETERY OR CREMATORY Boyds Presbyterian

22e ADDRES 1191

Aoyds,

MEDICAL STAFF
DIRECTOR PHYSICIAN

Montgomery Md.

24 FUNERALDIRECTOR Molesworth, P.A., Damascus, Md.

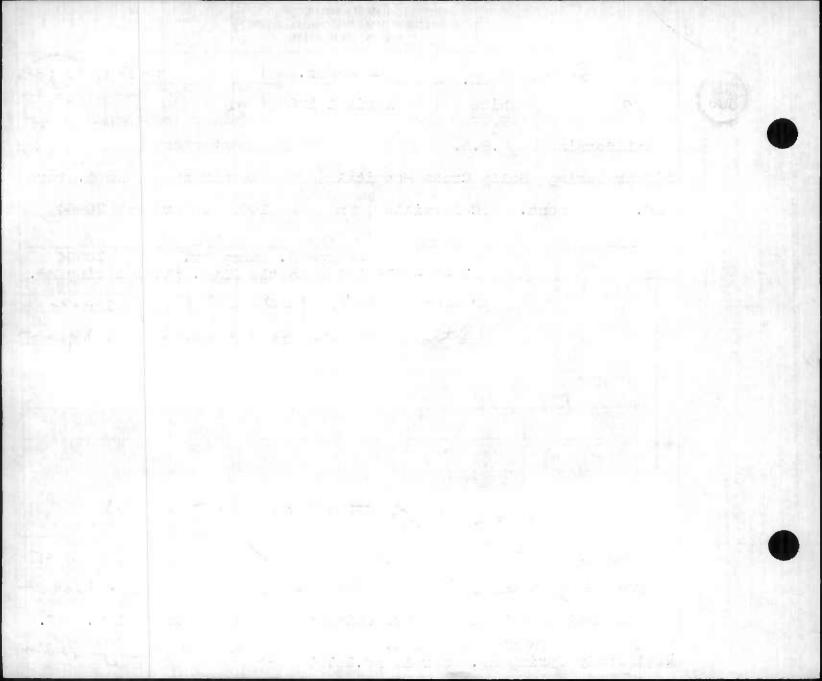
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37.	#3 mal ers	3 4 5 4 5 1	uncreative various	done - Fantre
randa i			to File	l'e,
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DHMH - 16 50M 1/81 (VRA 15, 4)

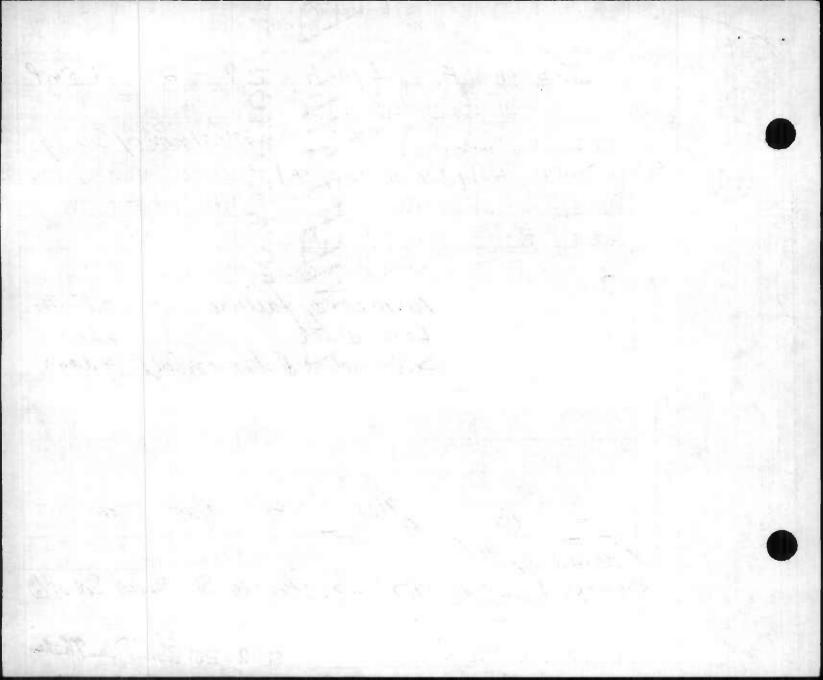
-	STATE REGISTRAR			CERTIFI	CATE OF BEATH		REG. NO.			
	CEASED NAME PAST		WIDDLE	1	NST	20 DATE OF D	EATH MO	ONTH DA	_	2b. HOUR
	Geor	ge	K.	4	ucey Sr.			7-5	- 8/	2.35
SEX	n	4. RACE		5. DATE O		6. AGE (IN YEA	RS LAST BIRTHO	DAY) IF	UNDER I YEAR	IF UNDER 24
	/n	Whit	e	Apr	i1 °1 190°9	72		YRS.		HOURS
	RTHPLACE (STATE DEFORE ON	76 CITIZEN OF	WHAT COUNTRY	Y? 8.	NEVER MARRIED	9 BALTIMORE	CITY OR	COUNTY	OF DEATH	11-11-11
100	California	U.S	.A.	WIDOWE	D DIVORCED TO	Monte	aome:	rv		
CO	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURS	SING HOME O	R OTHER INSTITUTION	17a USUAL OC	CUPATION	V -	126 KIND O	F BUSINESS
Si	lver Spring			Hospi	tal	Repai	rman		Dept	Stor
In S	TATE 136 CO	OR OTHER INSTITUTION	13c. CITY OR TO		13d INSIDE CITY LIMITS?	13e STREET AD	DRESS			
	d. Mo	nt.	colesy	ille	YES NO	1000 0	rcha	rd Wa	ay 209	904
CEA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE	MIDDLE		LAS	
	N/A		Luce	y	N/A		/A		N/I	
	AS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SEC	CURITY NO.	George K.	Lucev	JADDRESS	3		904
N		The Or Onits)	578-28-	-0676	14108 Cast					
T	II CAUSE OF DEATH Enter	anly one cause pe							ADDBAY	MATE INTERV
-1	PART I. DEATH WAS CAU	ISED BY: IATE CAUSE (a)	Rauxh	200	_0				2 m	. 2.
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	Due 10, 0	DR AS A CONSEQ	LENCE OF	and the	مالا	u		17/	yes
	gove rise to immediate cause (a), stating the	DUE TO C	ONTRIBUTING TO	OUENCE OF		INAL DISEASE (		TION GIVEN		
EINCATION	gove rise to immediate cause (a) stating the underlying cause last.  PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION	T CONDITIONS C	ONTRIBUTING TO	OUENCE OF	N WAS PERFORMED	20a AUTOP	5Y?   2	TION GIVEN  ZOB. IF YES, V  N CERTIFYII  YES	WERE FINDIN	IGS USED
CERTIFICAL	gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMI	T CONDITIONS CONDITION	OF AS A CONTRO ONTRIBUTING TO DITION FOR WHICE OF INJURY M. MONTH	O DEATH BUT I	N WAS PERFORMED	20a AUTOP	5Y?   2	TION GIVEN  ZOB. IF YES, V  N CERTIFYII  YES	WERE FINDIN	IGS USED OF DEATH
CAL CERTIFICAL	gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN  90 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	T CONDITIONS C  196 CONE  196 CONE  196 CONE  HOUR A  P  71e PLACE	ON AS A CONSECUTION FOR WHICH	DEATH BUT I	N WAS PERFORMED	200 AUTOP	5Y?   2	TION GIVEN 20b. IF YES, N CERTIFYII YES	WERE FINDIN	IGS USED OF DEATH
MEDICAL CERTIFICAT	gove rise to immediate cause   a , stating the underlying cause   last.  PART 2 OTHER SIGNIFICAN  90 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING	T CONDITIONS C  196 COND  196 COND  196 COND  196 COND  197 CONDITIONS C  198 CONDIT	ONTRIBUTING TO  ONTRIBUTING  ONTRIBUTING TO  ONTRIBUTING TO  ONTRIBUTING TO  ONTRIBUTING TO  ONTRIBUTING TO  O	DAY YEAR  19 E FARM ETC.)	211 LOCATION STREET  211 thou in jury occurs 211 LOCATION STREET  d that in (my) (aur) apinian	YES TO THE NATULE OF THE NATUL	SY? 2	20b. IF YES, V N CERTIFYII YES N ITEM 18 PAR	WERE FINDING CAUSES  TO OR PART 2)	STA
MEDICAL CERTIFICATI	gove rise to immediate cause   al. stating the underlying cause   last.  PART 2 OTHER SIGNIFICAN  90 DATE OF OPERATION  710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF INTERPROPER MOTHER NOTIFY MEDICAL EXAMINATION OF COURRED  210. INJURY OCCURRED  211. Certify that (1) (this had sow the decased live above, (1) (we) (did) (did)	T CONDITIONS C  196 CONE  196 CONE  196 CONE  196 CONE  197 CONDITIONS C  198 CONE  19	ONTRIBUTING TO	DEATH BUT II  CH OPERATION  DAY YEAR  19  E. FARM. ETC.)	211 LOCATION STREET  211 LOCATION STREET  d that in (my) (aur) aprinian EGREE PHYSICIAN 22e ADDRESS	200 AUTOP	RE OF INJURY II	20b. IF YES, IN CERTIFYII YES NITEM 18 PAR	WERE FINDING CAUSES  THORPART 2)  COUNTY	STA
MEDICAL CERTIFICAL	GOVE FISE TO Immediate cause   101   stating The underlying   cause   lost.  PART 2 OTHER SIGNIFICAN  90 DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CAUSE OF CAUSE OF AT WORK  21d. INJURY OCCURRED  22a. I certify that (1) (this had some characteristic of the cobove, (1) (we) (did) (did 22b. SIGNATURE)  22d. PHYSICIAN'S NAME (TYP)	T CONDITIONS CODEATH  196 CONDITIONS CODEATH  216 TIME (HOUR ANER)  216 PLACE (AT HOME, S)  splittly attended the on north view the body	ONTRIBUTING TO DITION FOR WHICE OF INJURY .M. MONTH .M. OF INJURY (REEL, FACTORY OFFICE) he deceased from 19: y offer death.	DAY YEAR  19 E FARM ETC)	211 LOCATION STREET  211 HOW INJURY OCCURI	200 AUTOPS YES NEED (ENTERNATURE), to death occurred of	NO DE RE OF INJURY II	TION GIVEN  20b. IF YES, 1  N CERT IFYII  YES  IN ITEM 18 PAR	WERE FINDING CAUSES  THORPART 2)  COUNTY	STA

STATE OF MARYLAND

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4					E OF MARYLAND	- M	
	1 -	FOR STATE REGISTRAR	D		IEALTH AND MENTAL HYC		2 4 3   2
ŀ		EASED NAME FIRST	WIDOLE		LAST	REG. NO  20. DATE OF DEATH MONTH	OAY YEAR 26 HOUR
- 1	{TYPE	OR PRINT)	seph F	1	-unch	9 - 2	5-81 5:45PM
ı	3. SE>		4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
-1	MALE		CAUCASIAN	JULS		49	MONTHS DATS HOURS MIN
1	7a. Bli	THPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL	INTRY? 8	DAN NEVER MARRIED	9 BALTIMORE CITY OR CO	
5		ENNSYLVANIA	U.S.A.	WIDOWI	///	Montgon	very County MD.
2	10 CI	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL,		DR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR INDUSTRY
1	$\sim$	I luer Spring	H014 (	JROSS	HOSPITA	MECHANIC (	WALTER REED ARMY H
ł	13a. S	130 000	NTY 13c. CITY O	OR TOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	200-0- 00-11-
ŀ	I.I. E.A.	MARYLAND MO	ONTGOMERY ROC	KVILLE	YES X NO		DCREST DRIVE
ľ	17	FIRST		AST	AGNES	WIOOFE	LANG
	16a W	JOSEPH AS DECEASED EVER IN U.S. AI		YNCH AL SECURITY NO.	17 INFORMANT	ADDRESS	LANG
	( Y	YES (IF YES, GI	REAN 206-	24-7089	CONSTANCE :	I. LYNCH SAME	AS 13 WIFE
ľ		18 CAUSE OF DEATH Enter o		(b) oply -	7. /	7	APPROXIMATE INTERVAL
١	M	PART I, DEATH WAS CAUSI	TE CAUSE (o)	1 Cespe	ravey fa	ulur	quentes
ı		4300	DUE TO, OR AS A CO	NSEQUENCE OF	10 (1)		11.
ı		Conditions, if any, which gave rise to immediate	(161)	Black	deace		GWI.
ı		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CO	Suba	rachnoil.	hemorrhae	10 4days
	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION	N GIVEN IN PART 110
1	CERTIFICATION	9a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b	IF YES, WERE FINDINGS USED
	TIE					YES NO	YES NO
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		TH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.M.	19			
	MED	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY	OFFICE FARM ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		AT WORK		9/		1 0/	Sel
l		220.1 certify that (1) (this hasp sow the deceased alive or	1110-	and I	nd that in (my) (our) opinion	death occurred by the date on	d hour and from the couses stoted
l		obove, (I) (we) (did) (did no	ot) view the body ofter death	1.	DEGREE	ocan occanos pri me dore om	22c. DATE SIGNED
1		Kelal Gran	restel		ATTENDING PHYSICIAN F	MEDICAL STAFF DIRECTOR PHYSICIAN	
1	14	22d. PHYSICIAN'S NAME (TYPE	Operint)	11-	22e ADDRESS		
ļ	22 - D	JRIAL, CREMATION, REMOVAL	DECHNE,	191)	4323 HAV	THEID SI S	LITER SPRINGSO
	4 Ju. D	BURIAL BURIAL	9/28/81		EMETERY OR CREMATORY F HEAVEN	SILVER SPRIN	G COUMONT MO.
1	24 FL		CIS J. COLLIN		25a DA1		CISTRAN SIGNAT
		500 UNIV. BLVD.			20901 SF	P 29 1981 CA	read Jan Narther



completely filled in by the funeral direct of a long 2 should be filed within 72 hours

injury, or other troumotic event, the

should be detached for use as the burial-transit permit. Then please re with the State Dept. of Health and Mental Hygiene priar to burial, crei

IMPORTANT: If Item 21 is marked or Item 18 share

TO FUNERAL DIRECTOR: After this certificate has bee

PHYSICIAN: The

ATTENDING

	FOR
-	STATE
EC	EASEDA

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

P	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. 1	NO.			
	ECEASED NAME FIRST DE ORPRINT) Walter	A. Ma	cCubb <b>i</b> n	26. DATE OF DEATH	month DAY YEAR ept 1 1981	26 HOUR 6:10р <sub>м</sub>		
3 5	Male	Caucasian	15 DATE OF BIRTH 189 189	9 81	RTHOAY) IF UNDER I YEAR MONTHS DAY!			
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76 CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED NEVER MARRIET WIDOWED DIVORCES	Monta	omery	WC		
	Olney		og HOME OR OTHER INSTITUTIO energial Hospit		OF WORKING LIFE) INDUSTR	of Business or ation		
13a.	JAL RESIDENCE (IF NURSING HOME OR STATE Md. 13 MON		rsburges K NO [		ell Ave.	a.		
14 F	1 1 11	R. Maccubb	in) 15 MOTHER'S MAIDE	Gene		brex		
	WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) (IF YES, GIVE	war or oates)  16b SOCIAL SECULATION  216-20	1018	Maccubbin G	03 Russell A	ve.,		
MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  (b)							
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)							
	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED		20a AUTOPSY?  YES NO	206, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO			
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	110110 1 11 11011711	AY YEAR	CCURRED (ENTER NATURE OF IN)	JURY IN ITEM 18, PART 1 OR PART 2			
	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		CITY OR TO	OWN COUNTY	STATE		
	22a I certify that (1) (this haspit saw the deceased alive an above, (1) (we) (did) (did not 22b. SIGNATURE  JOHN G LODM.	viewhhe body after death	ond that in (my) (our) of	pinion death accurred on the	date and hour and from the	TE SIGNED		
	22d. PHYSICIAN'S NAME (TYPE OR		27e ADDRESS	nce Philip Dw	OLNEY MA	20833		



23b. DATE 9/4/181 23a BURIAL, CREMATION, REMOVAL Burial

23c NAME OF CEMETERY OR CREMATORY Parkwood Cemetery

23d. LOCATION CITY OR TOWN
Baltimore Maryland

STATE

14 CHER H. Sankison 250. DATE REC'D. BY REGISTRAR 250. BEGISTRAP OF IGNANCIAE 316 E. Diamond Ave. Gaithersburg, Md.20877 Garfner Sandison F. H.

Challen 3. Macoulfrial Citas Sensive Chiere Consider the Constant of the C Harris of the second of the second

10	1.	FOR STATE REGISTRAR	DE	PARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	2 4 3 1	4
300		CEASED NAME 1851 DC	ROTHY MIDDLE I	· Mac	AST MacKenzie	20 DATE OF DEATH MON	211 01 1,20	
Sign Sign	2 SE		Cancasian	July	DAY YEAR	6 AGE (IN VEFES LAST BIRTHDAY		74 HRS MIN
Ta hour 72 hou		RTHPLACE (STATE OR FOREIGN OUNTRY)	V, S, A	MARRIE	D NEVER MARRIED D	monty om		MD.
d Constitution	1	Bethisd a	HE NOT IN SUCH FACILITY GI		Home	126 USUAL OCCUPATION (179E OF WORK FOR MOST OF WO Homemaker	IZE KIND OF BUSINES INDUSTRY Home	SS OR
filled in uld be fill mu	USU 13a. S	AL RESIDENCE (IF NURSING HOMEOR	11	CE BEFORE ADMISSION) OR TOWN HINGTON	134 INSIDE CITY TIMITS? YES NO []	130 STREET ADDRESS 3900 Cath	4 4 4 2	
ompletely show and 2 show and 3 s	1,	ATHER'S NAME AShleu	P. Jo	hnson	IS MOTHER'S MAIDEN NAME FIRST BULLIA	ME	Bradley	
San Ba	16a \	WAS DÉCEASED EVER IN U.S. AR/ (IF YES, GIVE	WAR OR DATES)	12-3476	17 INFORMANT Lois E Mulh		Bethesda, Md. O Sentinel Dr.	
atic ev		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT	lly one cause per line far (a), D BY: 'E CAUSE (a) Caro	druc Arr	est		APPROXIMATE INTERV. BETWEEN ONSET AND DE	AL SEATH
attending ve carbon stion, or re er trauma		4140 Conditions, if any, which		NSEQUENCE OF	otic Heart D	iscise		
gned by the please remo burial, crems njury, or oth		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A COM		_			
Dyny sendigne Then ple or to burn any injur	NO	PART 2 OTHER SIGNIFICANT O Hypertensin - R. Chas	1		NOT RELATED TO THE TERM		on given in Part 1101 twenttutis Hip Fra	etur
permit.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED		LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH YES NO	H?
ng physician. this certificat urial-transit Mental Hygi d or Item 18	12	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONT	TH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2)	16
After this the burish and Minarked of L. De	MEDIC	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,		21f LOCATION STREET	CITY OR TOWN	COUNTY STAT	ITE
ECTOR: for use as for use as of Heali em 21 is i		22a I certify that (I) (this haspit saw the deceased alive on abave, (I) (did) (did no	augry	1981	Aug 20 , 1987 and that in (my) (our) opinion of	to Day 24 death occurred on the date o	19 A, that (1) (we	
the hosp tAL DIR etached ate Dept NT: If Ite		The SIGNATURE	zer mo		DEGREE ATTENDING PHYSICIAN T	MEDICAL STAFF DIRECTOR PHYSICIAN	226. DATE SIGNED 9-24-8/	,
retained by th  TO FUNERAL should be deta with the State IMPORTANT		Ribert F. Dyer	(h )		5530 Wesceres		Lase, Md. 20815	
BP	(	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	9/28/1981	Boca Ra	ton Cemetery	234 LOCATION CITY OR YOWN Boca Rat	county state	I €
DHMH-16 25M (VRA 15, 4) 1/79	24 F	UNERAL DIRECTOR Joseph 5130 Wisc. At	Gawler's Sove N.W. Was	ns Inc.		EREC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNATURE	to.

X .Cl ,america, ID. and the state of t

-	500	2010
•	the death	(N
	in 24 hours	filled in bri
ORE, MAKIE	xecuted with	nd completely ges 1 and 2 s
ol., batilim	rtificate be e	g physician a anpapers. Pa emaval.
DIVISION OF VITAL RECORDS, AND W. PRESTON ST., BALLIMORE, MARKEAND STREET	KO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after established by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the FT of decisions about the detached for use as the burial-transit permit. Then please remove carbonopopers. Pages 1 and 2 should be demoved the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
102, 504	requires that	Then please ir ta burial, ci
VII AL RECO	N The law sysician.	cate has beer ransit permit Hygiene prio
NOIS!	G PHYSICIA	er this certif the burial-t and Mental
5	R ATTENDIN	RECTOR: Aft ned for use as pt. af Health
	OF HOSPITAL OR ATTENDING PHYSICIAN The locationed by the hospital or attending physician.	FUNERAL DI
5	9	shor.

STRAK		REG. NO	О.			
E STRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIEN®  CERTIFICATE OF DEATH	Ì	2	4	3	1

FOR - STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENES REG. NO.	4313			
1 DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR			
Luc	cille M	Mandley	9	20 81 9:02 aM			
3 SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN			
FEMALE	CAUCASIAN	SEPT 23, 1924		RS.			
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR	MARRIED L NEVER MARRIED L		INIT OF DEATH			
MARY LAND	U.S.A.	WIDOWED DIVORCED X	Montgomery 120 USUAL OCCUPATION	126. KIND OF BUSINESS OR			
	(IF NOT IN SUCH FACILITY, GIVE STRE	EET ADDRESS)	TYPE OF WORK FOR MOST OF WORK				
Olney USUAL RESIDENCE (IF NURSING HOA	ME OR OTHER INSTITUTION, GIVE RESIDENCE BEF		HOMEMAKER				
	OUNTY ISC. CITY OR TO WHEAT		13e STREET ADDRESS 4006 SAMPS	ON ROAD			
14 FATHER'S NAME		15 MOTHER'S MAIDEN N	AME	JIV ICOND			
JOSEPH	MANDLEY	IDA	WIDDLE	BLACKMAN			
160 WAS DECEASED EVER IN U.S	ARMED FORCES? 166 SOCIAL SE		AUGHTER ADDRESS R	T 11, BOX 436D			
(YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	0-4547 IDA L. GI		OANOKE, VA.			
18 CAUSE OF DEATH (Ente	Is CAUSE OF DEATH (Enter only one cause per line for (a) ib, and c						
	PARTI DEATH WAS CAUSED BY Carcinoma ofling Metastatu Trum						
1629	1629 DUE TO, OR AS A CONSEQUENCE OF						
	Conditions, if any, which						
cause (a), stating the	gove rise to immediate cause (a), stating the underlying cause last						
	(c)						
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11:0						
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	INC	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?			
21g. ACCIDENT WAS UNDERLYING	G 7 21b. TIME OF INJURY	21c HOW INJURY OCCI	IRRED (ENTER NATURE OF INJURY IN ITE)	YES NO			
OR CONTRIBUTION CALLES O	PEDEATH HOUR A.M. MONTH	DAY YEAR					
(IF EITHER, NOTIFY MEDICAL EXAM	INER) P.M.	21f LOCATION					
WHILE NOT WHILE T	(AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC ) STREET	CITY OR TOWN	COUNTY STATE			
	naspital) attended the deceased from	9-1-81 19	10 9-20				
saw the deceased alive	saw the deceosed alive on						
22b. SIGNATURE	226. SIGNATURE 226. DATE SIGNED						
Kay	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 9/26/8/						
224 PHYSICIAN'S NAME (T	BASS RAYM	1000 10620	Georgia.	Silver Spung			
230. BURIAL, CREMATION, REMO	VAL 236. DATE 23	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE			
CREMATION	9/23/81	METROPOLITAN CREMAT	ORY ALEXANDRIA	VIRGINIA			
24 FUNERAL DIRECTOR FRAN	ICIS J. COLLINSPRESS	250 D		GISTRAR'S GNATURE			
	W. STLVER SPRING	G. MD. 20901	SEP 22 1981 CA	sances flant for			

DHMH - 16 60M 1/75 {VR A 15 (4)}

BP.

IMPORTANT: If Item 21 is marked at Item 18 shaws any injury, at other traumatic event, the

					STATE OF MARYLAN	D		75 1	2	1 4
•	1	FOR		DEPARTMENT	OF HEALTH AND M	ENTAL HYGIENE	3 1	2 4	0	1 0
	1.1.	STATE REGISTRAR		CE	RTIFICATE OF DE	ATH				
	1 DE	CEASED NAME	FIRST	MIDDLE	LAST	10.0	REG. N			
		OR PRINT)	- 1	Moote	CH31	70 0	ATE OF DEATH	MONTH DAY	YEAR	26 HOUR
		N N	OHN	my	MANG	ER		9 17	-81	2:55 PM
	3 SE	X	4_RACE	5. C	DATE OF BIRTH	6 AG	E (IN YEARS LAST BIR	THDAY) IF (	NDER TYEAR	IF UNDER 24 HRS
		MALE		HITE	MONTH DAY	ZEAR	0	MON	THS DAYS	HOURS MIN.
\	7n R	RTHPLACE (STATE OR	TORUGAL TA CITIZENI	OF WHAT COUNTRY? 8	8 15	77	8 <	YRS	DEATH	
11/		COUNTRY			ARRIED NEVER MA	ARRIED	LTIMORE CITY C	COUNTY OF	DEATH	-010
71. 1	WA	ISHINGTON, 1	).C.	110.A WI	DOWED DIV	DRCED   Y	YIDA	1 (5	-ON	TER YMD.
1	10 C	ITY OR TOWN OF DE	ATH 11. NAME C	OF HOSPITAL, NURSING HO	OME OR OTHER INSTIT	UTION 12a U	SUAL OCCUPAT	ON	126 KIND O	F BUSINES OR
106	1	ILLIEUS PR	ING ST	DI CONTREE ADDRE	ce Holo	TAI MA	INTENAN	CE SUPE	R. D. (	C. SCHOOL
	-USU	AL RESIDENCE (I NURS	ING HOME OR OTHER INSTITUTI	ION GIVE RESIDENCE BEFORE ADMI	SSION)	March Class	-			
26	13a :	STATE	13b COUNTY	13c CITY OR TOWN	113d INSIDECIT	Y LIMITS? 13e ST	TREET ADDRESS	UADOTHO	กกรเม	
10		MARYLAND	MONTGOMERY	SILVER SPRI			509 1	TAKUING	UKIVI	
	14. FA	ATHER'S NAME	WIDDIE	LAST	15 MOTHER'S		MIDDLE		-110%	
150		JOHN	М.	MANGER		ATHERINE	WIDDLE		NOL	TE
1	16a V	VAS DECEASED EVER	IN U.S. ARMED FORCES		NO. 17 INFORMAN	T	ADDRE	SS		
1	(	YES NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES	220-44-06	36 FITS	SABETH M.	HOWARD	SAME A	S 13	SISTER
		NO		220 44 00	Joo ELIS	MOLITI M.	HOWARD	STAIL TO		
		18 CAUSE OF DEAT PART I. DEATH W	H (Enter only one couse)	per line for (a), fol, and ic	1. 1.				BETWEEN	MATE INTERVAL
		PARTI. DEATH W	IMMEDIATE CAUSE (a)	atalice	arrel				164	
		5100		00.00 4.00 4.00 4.00 4.00	05					
		Conditions, if any,	DUE TO	OF A CONSEQUENCE	10,20				2 da	
		gove rise to imr	nediate	pena iv	my		4		11000	/>
		couse (a), statin		OR AS A CONSEQUENCE	RE D 7	- 4	12.1		,	
			(c).	Rue Mor	4 femile	dung,	Keau			
		PART 7 OTHER SIGN	VIFICANT CONDITIONS	CONTRIBUTING TO DEAT	BUT NOT RELATED T	O THE TERMINAL D	ISEASE OR CON	DITION GIVEN	IN PART 10	
	CERTIFICATION	to kelend	Malrucha	u hidare to	steel- clea	I-cecal	obecus	realize	100	useening
40	AT.	190 DATE OF OPERA	10N 196 COM	NDITION FOR WHICH OPE	RATION WAS PERFOR	MED 20a	AUTOPSY?	Ob. IF YES, W	ERE SHOW	USED
de	E E	4/101	SI 8	testinal NA	Thulle	VE	T NOTE	IN CERTIFYIN YES	G CAUSES	OF DEATH?
13	ER	21a. ACCIDENT WAS UNE	DERLYING TO 21h TIME	OF INJURY	21c HOW IN II	JRY OCCURRED (E	NTER NATURE OF INJU	155		NO []
7		OR CONTRIBUTING		A.M. MONTH DAY	YEAR	OCCORNED (E	MIER NATURE OF INJUI	CY IN HEM IS PART	OR PART 2)	
-	CA	(IF EITHER NOTIFY MEDI		P.M.	19					
	WEDICAL	21d. INJURY OCCUR		STREET FACTORY OFFICE FARM E	21f LOCATION	1	CITY OR TO	WN	COUNTY	STATE
	>	WHILE NOT WHAT WORK AT WO	RK .	JINEEL PACTORY OFFICE PARM E			- 1			3.4.4
			(this hospital) attended	the deceased from	9110	1000	9/	7	81	13
		sow the decessor	ed alive as 91	17- 10 R1	and that in (my) (a	ur) opinion death a	scurred no the de	to = od bour = o	al dam a disa	not (we) lost
		above, (1) (we'ge's	fid) (did not) view the	y affecteath,		or, opinion death o	iccorred on the do	ore ond nour on		
		225 SIGNATURE	1 //	1 1	OBCIREE			-	ZZc DATE:	SIGNED
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		22d. PHYSICHAN'S NA	AME TYPE OF PRINCE		22e ADDRESS	1	-01.	0	, 1	
1		Steven	OrisTIA.	U KLD	24/1/	widerest	Bod. 0	lock -	HPW	miw Md
-	22- 6	LIPIAL CREMATION			1011 UNI	mousing	27. C. W	121 10.1	wer y	Ne 1 AZ YEL CI
	230. E	SPECIFY)			OF CEMETERY OR CR	the second secon	CITY OR TOWN	TAU 00	YINUC	20901
		BURIAL			. MARY'S CE		WASHING		C.	1000
1		INERAL DIRECTOR F		OLLINS		250. DATE REC'D	. BY REGISTRAR	256 REGISTRAR	SSIGNATI	JRE
	5	00 UNIV.BL	VD., W., SILV	ER SPRING, MD.	. 20901	SFP	18198	21	0:	W.t.

Jan Warthen

SEP 18 1981 Zances

DHMH - 16 50M 1/81 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 3 and 2 should be filled verythe State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

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d be	## 3	100	George	e Wa	Shinato	M	Martin		1-25-81	40
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, r	Se II VIII		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	A A A D D IC	D A NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	-
dead	1 1/L		N.C.	U.	S.A.	WIDOWE		Montgom	ery	
fter	200	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATIO	NO 12b KIND	OF BUSINESS
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212	5 8 6	USU. 13a. S	AL RESIDENCE (IF HURSING HOW	E OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE		1134 INSIDE CITY LIMITS?	13s, STREET ADDRESS		
AND hin 2	13 KS	2	Md.	P.G.	Brentwe		YES 🛣 NO 🗌	4525 39t	h Pl.	
RYL	the state	14. FA	THER'S NAME FIRST	WIDDLE	£AST.		15 MOTHER'S MAIDEN NA	ME		LAST
MA uteo	th /900		Robert	Lee	Martin		Derda		(Unkno	wn)
exec	nd c		VAS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRES	SS	
TIMC e be	Page Page		No		578-09	-3426	Blanche Ma	artin-Same		above
BAL)	ysica pers. oval.		18 CAUSE OF DEATH (Enter	r anly ane cause per			· ' a		BETWE	OXIMATE INTERVAL IN ONSET AND DEAT
ST.,	n pah rem rem			DIATE CAUSE (a)	Cosque	afor	y Failure			
TON	ending ph carbon pa on, or rem traumatic		4960	DUE TO, O			1			
PRESTON t the death	the atte		Canditians, if any, which		Meu	MA	LLU			
A transfer	remo		gave rise to immediate cause (a), stating the	DUE TO, O	R AS A CONSEQUE	ENCE OF	1.1.	21. 7	١.	
V Co	igned by n please burial, injury, o		underlying cause last	( (c)	Curario	06	STOUTH HE	IMMA L	IXCR	
. 2 . 2 requ	nfui / nd o: ld ua	z	PART 2 OTHER SIGNIFICAN	AL CONDUINO PE	INTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASS OR COND	ITION GIVEN IN PART	1(a)
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	e has ermit ene pi	5	THE DATE OF OPERATION	( I'm COND	moder wild.	OPERAGIO	WAS PERIORMED		IN CERTIFYING CAUS	ES OF DEATH?
VITAL CIAN:	re cat		21a. ACCIDENT WAS UNDERLYING	21b. TIME C	OF INJURY		21c HOW INJURY OCCUR	YES NOW	YES OR PART LOR PART 2	NO 🗆
SICI	physicia is certifi al-trans ental H or Item		OR CONTRIBUTING CAUSE OF	DEATH HOUR A.		AY YEAR				
6 4	or fer is	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAM)	21e PLACE	M. OF INJURY	19	211 LOCATION			
DING	After th S the bur th and N marked	¥	WHILE NOT WHILE D	(AT HOME, STI	REET, FACTORY, OFFICE, F	ARM, ETC }	STREET	CITY OR TOWN	COUNTY	STATE
e o	is as as as		22a I certify that () (this h	aspital) attended th	ne deceased fram_	9-	13 1901	to 7-23	19.8/	, that (I) (we) I
TTA	cTO or us of H	100	saw the deceased alive abave (1) we) (did) (1)	9-7	3 198	. 01	nd that in (aur) apinion	death occurred an the dat	te and have and from t	
A D	nosp oed fi ept.	100	226. SIGNATURE	Tidly view fine boday	difer death.		DEGREE		22c. DA	TE SIGNED
AL	the I		July V	in all	1.	MAN	ATTENDING PHYSICIAN	DIRECTOR PHYSICI	AND 9-	24-81
SPIT	NER/NER/NER/NER/NER/NER/NER/NER/NER/NER/		224 PHISICIAN'S NAME (TY	PEOR RINT)	4	141	22e ADDRESS			
HO	TO FUND Should be with the		John	KijAK	Jr.	Md.	344 Univer	sity Blud.	S.S. Md.	209
7	is strain	23n F	NIRIAL CREMATION REMOV	VAL TOUR DATE	122, 1	NAME OF C	EMETERY OR CREMATORY	121/ LOCATION		

13 DATE

FOR

REGISTRAR

230 BURIAL, CREMATION, REMOVAL

I. DECEASED NAME

- STATE

(TYPE OR PRINT)

DHMH-16 25M (VRA 15, 4) 1/79

9/29/81 Butia H. S. WASHINGTON + SONS 4925 BURROUGHS AUGALE. OCT

23c. NAME OF CEMETERY OR CREMATORY

234 LOCATION

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

MONTH

2b. HOUR

12h KIND OF BUSINESS OR B.F. Saul Inc.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20901

IF UNDER 24 HRS

MD.

2ª DATE OF DEATH

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### STATE OF MARYLAND

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Gue	and a	0	-

1.	STATE REGISTRAR			IFICATE OF DEATH	REG. NO		
	CEASED NAME FIRST	Ry E	IZABETH/	VA ther	20 DATE OF DEATH	9-04-81 3-6	M
3 SE	X	4 RACE		E OF BIRTH	6. AGE (IN YEARS LAST BIRT		
]	Female	White		cember 30, 92	2 88	MONTHS DATS HOURS MIN	
	RTHPLACE   STATE OR FOREIGN	76 CITIZEN OF V	VHAT COUNTRY? 8	RIED NEVER MARRIED	9 BALTIMORE CITY OF	R COUNTY OF DEATH	_
No	Carolina	U.S.	A. wido	WED DIVORCED	Montgome	ery County M	ND.
	ITY OR TOWN OF DEATH	(IF NOT IN SUCH	FACILITY, GIVE STREET ADDRESS)	E OR OTHER INSTITUTION	12th USUAL OCCUPATIO	F WORKING LIFE) INDUSTRY	R
-	KOMA PARK AL RESIDENCE (IF NURSING HOM			ntist Hosp.	Homemake	1	
13a. S	STATE 136 CC		13c. CITY OR TOWN	13d INSIDE CITY LIMITS?	705 Ches	apeake Avenue	
14 F/	ATHER'S NAME	MIDDLE	LACT	15. MOTHER'S MAIDEN NA	WE		
	Thomas		Barker	Melissa		Burton	
	VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES NO	ARMED FORCES? S, GIVE WAR OR DATES)	214-03-90		Johnson 14	356 Goodhope Rd	,
CERTIFICATION	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR  (c)  NT CONDITIONS CO	AS A CONSEQUENCE OF	UT NOT RELATED TO THE TERM	NINAL DISEASE OR COND		
RTIFIC					YES NO	YES NO	
MEDICAL CE	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE AT WORK AND WHILE AT WORK AND WHILE OBOVE, (If) (ye) (did) (did 22b. SIGNATURE)	DEATH HOUR A.A.  P.A.  21e PLACE C (AT HOME SIRE  and not) view the body of	A. MONTH DAY YEA  I. I	211 LOCATION STREET	CITY OR TOW	y, 19 , that live loste and have and from the couses stated	st 7

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the haspital or attending physician

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral dishould be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 shalld be filled within 72 his with the State Dept, of Health and Mental Hygiene prior to burial, cremation, ar removal.

MPORTANT: If Hem 21 is morked or Item 18 stippers ony injury, or other troumotic event, the

236 BURIAL, GREMATION, REMOVAL (SPECIFY)
Burial 23b. DATE 9/8/1981 23t. NAME OF CEMETERY OR CREMATORY Ft.

Lincoln Cem.

Brentwood, Pr. Geo.,

198 concas fan lathen

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTA		REG. NO.	La '	4 0	1 4
1 DE	CEASED NAME FIRST	A	NDDLE	Į.	AST	2a D		HINC	DAY YEAR	26 HOUR
(1111)	Geor	ge	L	M	av			9	20 81	2:30 am
3 SEX		4 RACE		5 DATE C			E (IN YEARS LAST BIRTHD	AY)	IF UNDER I YEAR	IF UNDER 24 HRS
	MALE	BLACI	<	JUL	y 16. 1898		83	YRS.	MONTHS DAYS	HOURS MIN
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D XX IEVER MARRIE	P 0 9 BA	ALTIMORE CITY OR	COUNTY	OF DEATH	
	TCH WEST INDIES	U.S. 1	١.	WIDOWE	D DIVORCE		Montgomer	У		MD.
10 CI	TY OR TOWN OF DEATH	(IF NOT IN SUC	FACILITY GIVE STREET	ADDRESS)	OR OTHER INSTITUTIO	(TYPE	USUAL OCCUPATION OF WORK FOR MOST OF V		12b. KIND C	OF BUSINESS OR
	Olney	Montgom	ery Gene:	ral H	ospital	7	FEACHER		N.Y.CIT	TY GOVT.
13a S MA			GIVE RESIDENCE BEFORE 13c CITY OR TOW SILVER	N			3406 HAL	LATO	N COURT	
14 FA	THER'S NAME CHARLES	MIDDLE	MAY		ANNA FIRST	EN NAME	C. MIDDLE		UNK	KNOWN
16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	16b SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRES	5		
()	es, no or unknown) (if yes, givi	E WAR OR DATES)	107-32-	5432	ENID I.	MAY	SAME AS	13	WIF	-E
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	DUE TO, OF	R AS A CONSEQUE		arcinon	rag	nepri	sola.	4 6	gears
NOIL	PART 2 OTHER SIGNIFICANT				NOT RELATED TO TH				VEN IN PART 11	
CERTIFICATION	190 DATE OF OPERATION	198 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		S NO	IN CERTIF	FYING CAUSES	OF DEATH?
MEDICAL CER	210 ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DELETHER, NOTHER MEDICAL EXAMINER OF THE CONTRIBUTION	10	M. MONTH DA	YEAR	216 HOW INJURY O	OCCURRED (	ENTER NATURE OF INJURY	IN ITEM 18 F	PART ( OR PART 2)	
MEI	WHILE NOT WHILE AT WORK		EET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY OR TOWN		COUNTY	STATE
	22a 1 certify that (# (this hospi sow the deceosed alive on above, (1) (we) (did) (did no	Leo	19 19		nd that in (my)	8/, t	occurred on the dote	20, e ond hou	19, ur and from the	that (1) (re) lost couses stated
	Laterial Laterial	m. C	hura,	m	DEGREE ATTEND	ING ME	DICAL STAFF ECTOR PHYSICIA	Van.	9/02	10/8/
	22d PHYSICIAN'S NAME (TYPE O				22e ADDRESS 18111 P	RINCE	PHILIP DR	, OLI	VEY, MAI	RYLAND
	URIAL, CREMATION, REMOVAL		23c. N	IAME OF C	EMETERY OR CREMA		d LOCATION CITY OR TOWN		COUNTY	STATE
(	BURIAL	9/23	/81	GATE	OF HEAVEN		SILVER SPI	RING	MON	T MARYLLA
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DHMH - 16 60M 1/75 (VR A 15 (4))

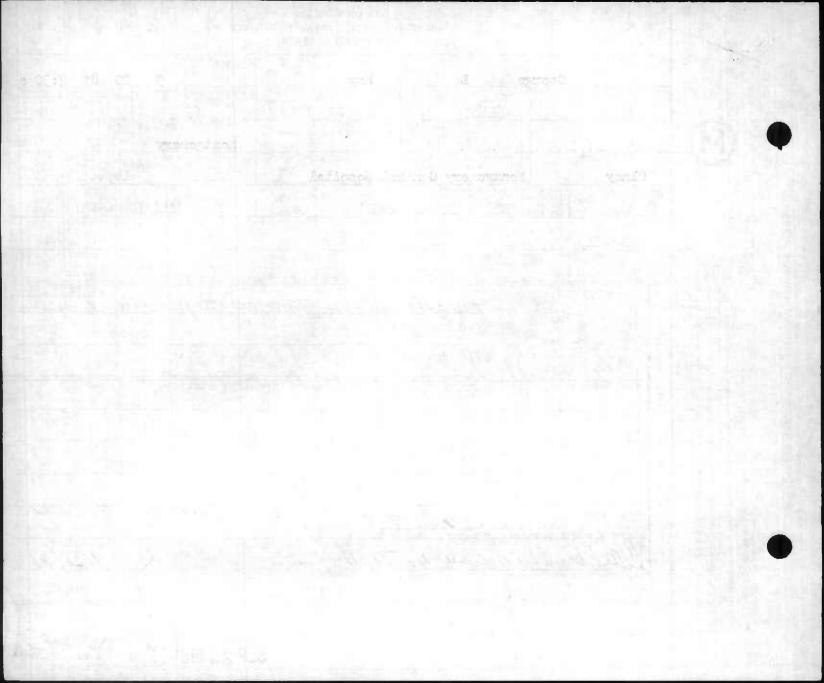
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A TO FUNERAL DIRECTOR. After this certificate has been

JO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician IMPORTANT: If Item 21 is marked or Item 18 shows any

should be detoched for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 th with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

injury, or other troumotic event, the



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral direction should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filed within 72 hau with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or Item 18 shaws ony injury, or other traumatic event, the

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STATE OF MAKTLAND	. 4	
EPARTMENT OF HEALTH AND MENTAL HYGIENE	3	į
CERTIFICATE OF DEATH		F

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B7-00	200	V	die	U

1 - STATE REGISTRAR		DEPART		ICATE OF	DEATH		REG. NO.	B'-co	7 0	d'a U	
DECEASED NAME FIRST		DDLE		AST		2a DATE OF DE				26 HOUR	
Micha	el Jose	ph	May	r		Septem	per 2	6,19	81	5:00	P.M
. SEX	4. RACE		5. DATE C			6 AGE (IN YEAR	LAST BIRTHDAY		UNDER I YEAR	IF UNDER 24	
Male	Whi	te	May	28,	1889	92		YRS	NIHS DAYS	HOURS	MIN.
BIRTHPLACE   STATE OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	8	- D NEVER	MARRIED -	9 BALTIMORE	CITY OR CO		F DEATH		
Connecticut	USA		WIDOWE		DIVORCED [	Monte	gomery				MD.
O CITY OR TOWN OF DEATH Potomac	(IF NOT IN SUCH F	OSPITAL, NURSIN FACILITY, GIVE STREET Valley I	ADDRESS)			120 USUAL OCCUPTED OF WORK FOR EXECUIT:	MOST OF WOR	KING LIFE)	12b. KIND O INDUSTRY Chain		
100	OUNTY 1	IVE RESIDENCE BEFOR 3c. CITY OR TOW Washing	/N		CITY LIMITS?	13e. STREET ADD 4627 Y	oress ama St	. N.	W.		
FATHER'S NAME	WIDDLE	LAST		15 MOTHE	R'S MAIDEN NA		IDDLE		LAS	T	
Laurence May			uri i	Nor			1001	Cro	tty		
WAS DECEASED EVER IN U.S	. ARMED FORCES? 1.	66 SOCIAL SECU	JRITY NO.	17. INFORM	TANT		ADDRESS		-		
YES W		77-09-1	780	(Son	) Jose	ph M. Ma	y 427	G St	. S.W.	Wash	.D
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR A	AS A CONSEOU	ENCE OF		AR ACC						
PART 2. OTHER SIGNIFICA	NI CONDITIONS CON	AIRIBUTING TO	DEATH BUT	NOI RELAIL	DIO THE TER	MINAL DISEASE O	R CONDITIC	ON GIVEN	VIN PART I		
19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING	19b. CONDIT	ON FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUTOPS			WERE FINDIN		?
OR COLUMNIA COLUMN	F DEATH HOUR A.M.	MONTH D	AY YEAR	21c HOW	INJURY OCCUR	RED (ENTER NATUR					
THE EITHER NOTIFY MEDICAL EXAMINATION OF WHILE AT WORK		T, FACTORY, OFFICE, I		211 LOCAT		C	ITY OR TOWN		COUNTY	STAT	TE
220.1 certify that (I) (this has sow the deceased alive ye. (I) (we) (did) (did)	e on do view the body of	deceased from	July L, or	nd that in (m	, 19 <u>81</u> y) (our) opinion	deoth occurred o	tember	, , ,		that (I) (we	
771 HONATURE	110	, and the same		DEGREE					22c. DATE	SIGNED	
y. Horau	O'house	www.U.	0		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF		Sept	. 28,	10
Mad. PHYSICIAN NAME IT	YPE OR PRINT)	1		22e. ADDR							
KK. J. Morgan	0 Donghu	e M.D.		3301	N. Mex	ico Ave.	N.W.	Was	hingto	on, D.	C.
20 BUDIAL CREMATION REMO			NAME OF C	EMETERY OF		1234 LOCATIO		_			_

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DHMH-16 30M 2/80 (VRA 15, 4)

Burial 9/29 24 FUNERAL DIRECTION 2222 Wiscon Washington

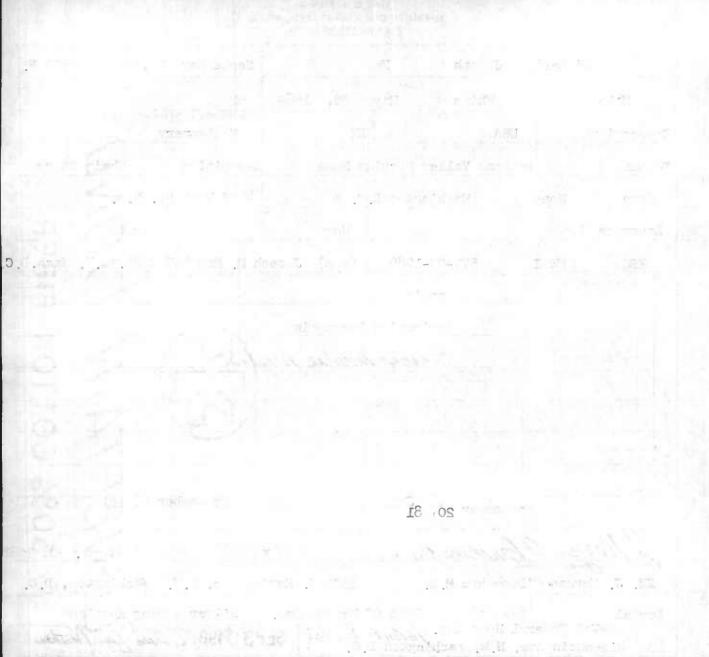
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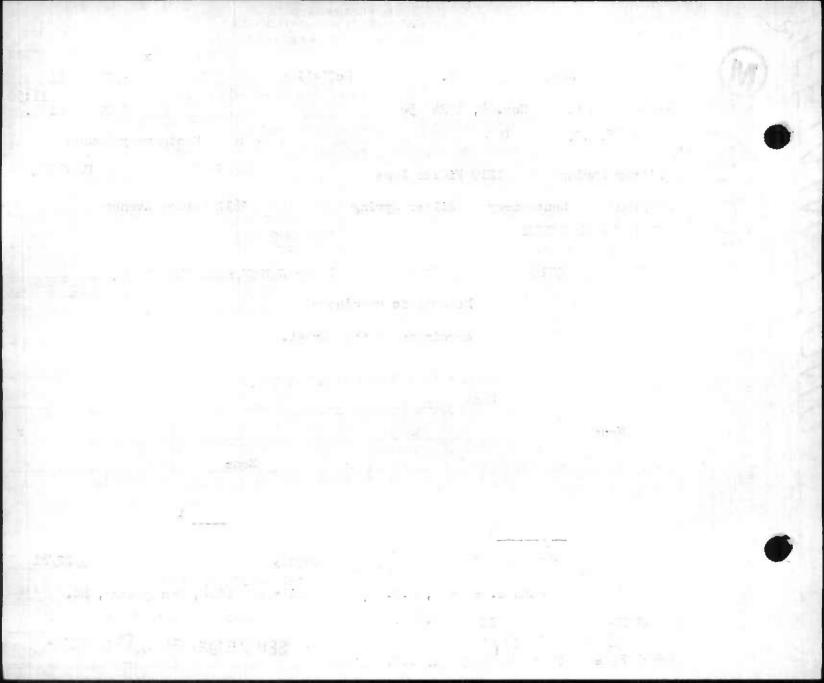
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Silver Spring Maryland SEP3

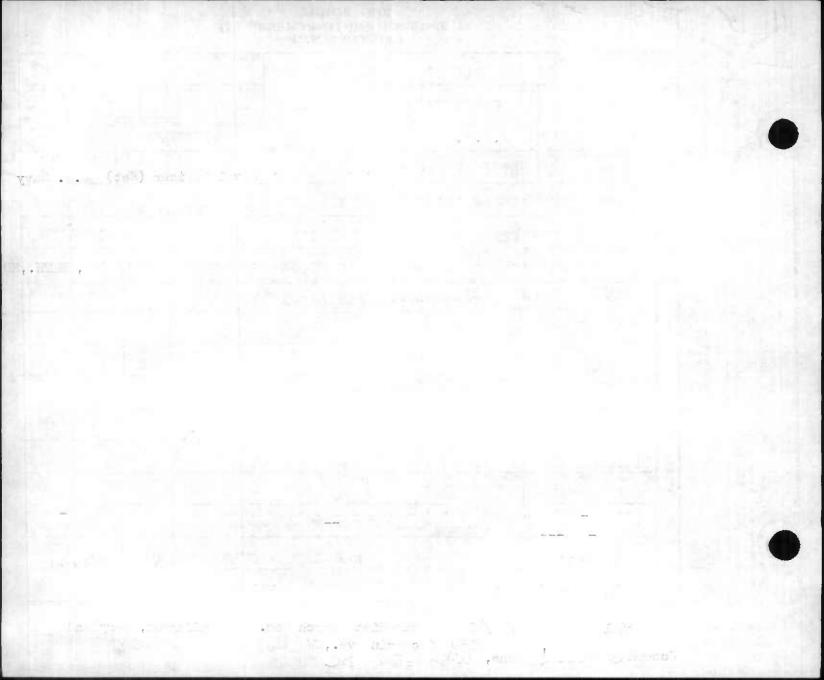
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0	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	OF UNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director page 3

	1-	FOR STATE REGISTRAR	DEPARTMENT OF H	E OF MARYLAND HEALTH AND MENTAL HYGFICATE OF DEATH	IENE 8   REG. NO.	2 4 3 2 2
		CEASED NAME FIRST HARRY		CONAGHY	20 DATE OF DEATH MON	20.1100k
) [	3 SEX	MALE	CAUCASIAN S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY	Y FUNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS
- Topice		RTHPLACE (STATE OR FOREIGN NEW JERSEY	76 CITIZEN OF WHAT COUNTRY? 8	DX NEVER MARRIED	9. BALTIMORE CITY OR CO	OUNTY OF DEATH
27	В	TY OR TOWN OF DEATH ETHESDA	NAME OF HOSPITAL, NURSING HOME OF NATIONAL NAVIABLES ME	EDICAL CEN.	126 USUAL OCCUPATION (TYPE OF WORLD FOR MO)  Naval Office	RKING LIFE) 126 KIND OF BUSINESS OR INDUSTR
-	130. S	RYLAND MON	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 名70名 FENMA	
50		THER'S NAME  OSEPH FRAT	ANCIS MCCONAGHY	LEONORA	N M N LE	DEBARTH
	6a \		MED FORCES? 166 SOCIAL SECURITY NO. 159-09-6560	RAE MCCONAC	ADDRESS SHY 6706 F	ENWAY DR, BETH.,M
njury, ar omer troumonc event,	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DAY: E CAUSE (D)  CARDIOPULMON  DUE TO, OR AS A CONSEQUENCE OF  (D)  DUE TO, OR AS A CONSEQUENCE OF  (C)  ONDITIONS CONTRIBUTING TO DEATH BUT		INAL DISEASE OR CONDITIC	ON GIVEN IN PART 1(0)
akun swoys	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 200 IN	B. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \text{VES} \)
9		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA'  (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN I	ITEM 18 PART 1 OR PART 7)
	MEDICAL	21d INJURY OCCURRED  WHILE OF NOT WHILE OF NORK	216 PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
flem 21 is marked		220.1 certify that (1) (this hospit saw the deceased alive an	26CED 01	SEP 19 81 nd that in (117) (our) opinion o	to 26 SEP	nd hour and from the causes stated
		The SIGNATURE  LUSS R  224 PHYSICIAN'S NAME (1996 OF	MAN)	DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	
IMPORTANT		URIAL, CREMATION, REMOVAL		EMETERY OR CREMATORY	23d LOCATION	NTER BETHESDA MD
-		Burial		st Church Cem	Jeffers	on Maryland
/81		111115	Sons, WASHINGTON	Ave., NW	1.7. 1.198 LA	



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral direction should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours, that with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

IMPORTANT: If Item 21 is marked ar Item 18 shaws any injury, or other traumatic event, th

deoth. Page 4 may be

#### STATE OF MARYLAND

HEALTH AND MENTAL HYGIENE S

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FOR 1 - STATE	DEPARTMENT OF I
REGISTRAR	CERTII

REG. NO

I. DEC	CEASED NAME OR PRINT)	FIRST	A	WIDDLE	L	LAST		20. DATE OF DEATH MONTH BAY	YEAR	26 HOUR
(1111)	OR PRINT)					ALD			1981	6:50AM
3 SEX	(	4	RACE		5 DATE C		or an		UNDER I YEAR	IF UNDER 24 HRS
	Male		Wh	ite	02	2 06	1 <sup>YEAR</sup>	68 YRS	THS DAYS	HOURS MIN
	RTHPLACE (STATE OR FO	DREIGN 76		WHAT COUNTRY?	8	D XX NEVER	** A BRIED	9 BALTIMORE CITY OR COUNTY OF	DEATH	
	Virginia		U.S.A	A.	WIDOWE		IVORCED	Montgomery C	ounty	7 MD.
10. CI	TY OR TOWN OF DEA	(TH 11		HOSPITAL, NURSING		OR OTHER INS	TITUTION		12b. KIND OF	F BUSINESS OR
	Olney		Montg	omery Ge	enera		spital	Saw Mill Oper.	INDUSTRI	
130 S	AL RESIDENCE (IF NURSI	ING HOME OR OTH	HER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)		CITY LIMITS?	13e STREET ADDRESS		
Ма	ryland	How		Woodb	ine	YES 🗌	NO 🗌	1246 Morgan R	oad	
	ther's name late James	S. Mc	Donald	LAST			es maiden na/		ŁA51	
	VAS DECEASED EVER			166 SOCIAL SECUR	RITY NO.	17 INFORM	ANT	ADDRESS		
(Y	No	(IF YES, GIVE WA		228-18-6	973	Mrs St	ella Mc	Donald 1246 Morgan	ı Rd	21797
	18 CAUSE OF DEATH PART I. DEATH W.	H Enter only	one couse per	line for to tb , one	Kar	-	14.	n 1	BETWEEN	MATE INTERVAL
13.4	PART I. DEATH W.	AS CAUSED B	CAUSE (o)	etite	dust	igh or	solve	, occlusion	300	rous
	Conditions, if ony,	, which		R ANA CONSEQUE		settore	= peni	1000	3,	altron
	gave rise to imm couse (a), stating underlying cause	ng the *	DUE TO, OF	r as a conseque	NCE OF			acoacil "		
NO	PART 2 OTHER SIGN	VIFICANT CO	nditions <u>cc</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATE	D TO THE TERM	MINAL DISEASE OR CONDITION GIVEN	IN PART 1(o	V
CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	206 AUTOPSY? 206. IF YES, WIN CERTIFYIN YES YES		
CAL CER	216. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA	CAUSE OF DEATH	216 TIME OF	M. MONTH DA	YEAR	21c. HOW II	NJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18, PART I	1 OR PART 2)	
MEDICAL	21d INJURY OCCURR WHILE NOT WH AT WORK AT WO		21e. PLACE C (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	21f LOCATI STREET	ÖN	CITY OR TOWN	COUNTY	STATE
	22a.1 certify that (I) sow the decease above, (I) (Ve) (a	this hospitol	ottended the	e deceased from 19	10	nd that in (my		deoth occurred on the date and hour an		that (I) welost couses stated
	John G			M D.		DEGREE	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	22c. DATE S	
	22d. PHICANS NA	No Fe	200	200		22e. ADDRE	Prince	e Ohio Dr. Oh	sy ve	150835
23a B	BURGAL	REMOVAL	Oct 1	, 1981 <sup>236 N</sup>	Green	EMETERY OR hill	Cemetey	Berryville, Vin	rginia	STATE
	INERAL DIRECTOR NAME TTY H Witz	ke 411	2 Colu	mbia Ra F	Alico	ott Cit		CT 5 1981 Zares	()4	Wather
	0						0	0. 0 10011070	1	

DHMH - 16 60M 1/75 (VR A 15 (4))

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TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the haspital or attending physician

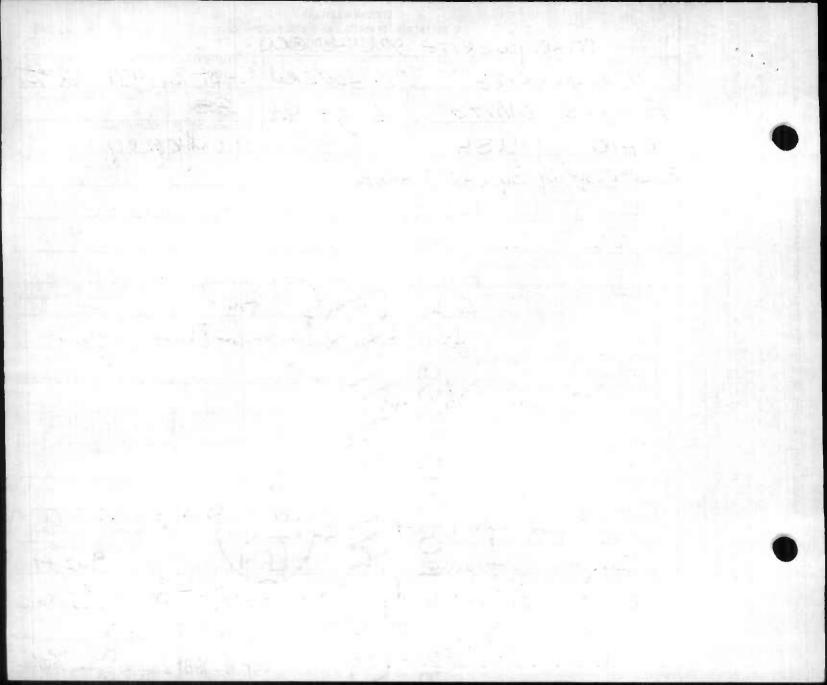
align and the second described in the Spile TAX IF you have I was I believed the collection to be a second

TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the hospital or otherdina abhasician

etained by the hospital or attending physician.

BP. DHMH - 16 25M

		TE OF MARYLAND	250 h	0 1 2 0
FOR STATE	DEPARTMENT OF	HEALTH AND MENTAL HYG	IENE Ö	2 4 3 2
REGISTRAR NA	RAWERITE (M)	HEATE OF DEATHS V	REG. NO.	
1. DECEASED NAME FIRST	"WARNER	LAST	28. DATE OF DEATH	ONTH DAY YEAR 26. HOUR
(TYPE OR PRINT) A POIL	eriTE ma	(LOUERN	Sept 2	11981 25
3. SEX	4. RACE 5. DATE	OF BIRTH 05	6. AGE (IN YEARS LAST BIRTHE	
Female	White "	OF BIRTH 95	<b>XXXXX</b>	86 YRS MONTHS DAYS HOURS
78. BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8.	IED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
OHIO	USA WIDOW		MONTE	MERU
10. CITY OR TOWN OF DEATH,	11. NAME OF HOSPITAL, NURSING HOME TH NOT IN SUCH FACILITY, GIVE SERVET ADDRESS)	OR OTHER INSTITUTION	12s USUAL OCCUPATIO	
51 LUCK SPRIN	4 SULUAD MANC	R	HOUSEWIFE	
USUAL RESIDENCE (IF NURSING HOATS) THE TOTAL TOT	AS OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	1134 INSIDE CITY LIMITS?	130 STREET ADDRESS	
MARYLAND V	HOWARD COLUMBIA	YES X NO		LISMAN LANE
14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA		LAST
GEORGE	S. WARNER	JEÄN	Mibble	DEVINE
160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRES	S
2 (TES. NO ON ON ON OWN) (IF TES	578-68-728	7 CHARLES W.	McGOVERN	SAME AS 13 SC
18 CAUSE OF DEATH (Ente	er only one couse per line for (a) (b), and (c).)	1 1	11 1	APPROXIMATE INTERV. BETWEEN ONSET AND D
PART I. DEATH WAS CA	USED BY: DIATE CAUSE (0)	ley out	Must	
4293	DUE TO, OR AS A CONSEQUENCE OF	1 - 01	// D	
Conditions, if any, which		In Condiova	rules Lisy	He Jerns.
gove rise to immediate cause (a), stating the				
underlying cause last	: (c)		_	
	NI CONDITIONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN IN PART 1(0)
190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	betes /tellitus	4		
3 190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATI	ON WAS PERFORMED	20s. AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
7 #			YES NO	YES NO
OR CONTRIBUTION CALLER O	COLOR A IN MONTH DAVING	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)
S (IF EITHER, NOTIFY MEDICAL EXAM	T DEATH			
(IF EITHER, NOTIFY MEDICAL EXAM	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STA
WHILE NOT WHILE AT WORK			0.1	
	and the state of t	WE 23, 19 K	. to Sealer	ber 219 1, that 11.0
sow the deceased alive above (1) we) (did) (did)	d not) New the body after death.	and that ir (my) (our) opinion o	death occurred on the date	e and hour and from the causes stat
774 SIGNATURE		DEGREE		22c. DATE SIGNED
betam	~ Atomis 12	ATTENDING PHYSICIAN	MEDICAL STAFF	IN 1-25
771 PHYSICIAN SNAME (TO	I'ME OR PROPERTY	220. ADDRESS	0.1	1 /
Bentramy	s HVRWIN ont.	3720 MA	west fut	THE KEN, and 51
230. BURIAL, CREMATION, REMO	VAL 135 DATE 23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATI
(SPECIFY) BURIAL		OLIVET	WASHINGTO	IN. D. C.
24. FUNERAL DIRECTOR FRAN		25g DAT	E REC'D. BY REGISTRAR 2:	b. REGISTRAR'S SIGNATURE
74. FUNERAL DIRECTOR I KAIN	.W. SILVER SPRING MD.			



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DIVISION OF VITAL R	ENDING PHYSICIAN: The low requires that the deoth certificate be executed of artending physicion.	
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DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campitumly filled in by the funeral should be detached for use as the buriol-transit permit. Then please remove carbonopoers. Pages I girld "should be filled with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal.

WPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must be partiting at each

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 4

REGISTRAR		CERTIFICATE O	F DEATH	REG. NO.		
1. DECEASED NAME FIRST	WIODEE	LAST	20.		ONTH DAY YEAR	26 HOUR
JAMES	5	McNAIR	S	entember	22 198	1 438 PM
	RACE	5. DATE OF BIRTH	6 A	GE (IN YEARS LAST BIRTHE	DAY) IF UNDER I YEA	AR IF UNDER 24 HRS
Male	Caucasian	June 9	1915	66	YRS MONTHS DAY	S HOURS MIN.
	CITIZEN OF WHAT COUNTRY		9 B	ALTIMORE CITY OR		
	United State	S WIDOWED TO		Montgomer	ry County	MD
	. NAME OF HOSPITAL, NURS	ING HOME OR OTHER I	NSTITUTION 12a	USUAL OCCUPATION	N 12h KIND	OF BUSINESS OR
Silver Spring	Holy Cross	Hospital	C	Administ	INDUSTR	ov t
USUAL RESIDENCE LIF NURSING HOME OR OTH	HER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION)			Taroir 6	VOV L
130 2001111	gomery Gaithe			STREET ADDRESS  Of Quince	Orchard	R1 vvd
14. FATHER'S NAME			ER'S MAIDEN NAME	oo Quince	: Olchald	DIVU.
	L. McNai	-	FIRST	WIDDLE	37 - A - A	TAST
160 WAS DECEASED EVER IN U.S. ARME			May	ADDRESS	Not Ava	ттарте
(YES NO OR UNKNOWN) (IF YES, GIVE W	VAR OR DATES)	Mr.	Keith L.	. McNair.	Son.	
Yes WW.	12.10		5 Crawfor	rd Dr. Ro	ckville,	MD.
18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	ev. (1)		1.00		BETWEE	OXIMATE INTERVAL IN ONSET AND DEATH
IMMEDIATE (		,	line			_
2506	DUE TO, OR AS CONSEQUE	UENSE OF	Allowers	0-40-6	12	
Conditions, if ony, which gove rise to immediate	(b) NOUCO	100381 RATORY	DISTRETS	JANDIAME	du	rely
couse to, stating the underlying couse lost	DUE TO, OR AS A CONSEOL	JENCE OF				
	107					
PART 2 OTHER SIGNIFICANT COL	NOTIONS CONTRIBUTING TO	DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASE OR CONDIT	TION GIVEN IN PART	110
SO CANGREME, D  190 DATE OF OPERATION  9-8-81  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH				20b. IF YES, WERE FIND	Ola I GE LISED
9-8-81	CHWGRENT				IN CERTIFYING CAUSE	ES OF DEATH?
710. ACCIDENT WAS UNDERLYING	71b. TIME OF INJURY			ES NO	YES [	NO 🗌
00.00	Transaction of the Committee of	DAY YEAR	/ INJURY OCCURRED	(ENTER NATURE OF INJURY II	N ITEM 18 PART 1 OR PART 2]	)
ON CONTRIBUTING CAUSE OF DEATH  (IF ETTHER. NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	P.M.	19				CP
21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM ETC ) 211 LOC A	ATION ree1	CITY OR TOWN	COUNTY	STATE
AT WORK NOT WHILE AT WORK				ala-	· ca	
220 I certify that (1)(this haspital)	ottended to deceased from	APRIL	. 19_\$7	10_1/22	19 07	, that (I we) last
sow the deceased alive on above, () (we) (did (did not) v	19_ new the body ofter death.	ond that in (r	my) (our) opinion death	occurred on the date	and hour and from th	ne couses stated
22b. SIGNATURE	-01	DEGREE			22c DAT	TE SIGNED
1500	1 Kenley	un	ATTENDING PHYSICIAN TO DI	EDICAL STAFF RECTOR PHYSICIA	NO 9/	22/81
THE PHYSICIANTS NAME ITTH OU	(ed)	22e ADDI		THE COME THE STATE OF THE STATE		- 3747
RUBBERT L	ROSENBERG. A	4) 113	1 UNIVERSK	Bun Buno	WISILLEN S	PRIN no
230. BURIAL, CREMATION, REMOVAL				3d LOCATION	7	,,,,,
(SPECIFY) Burial	Sept. S	hen an do ah		CITY OR TOWN	COUNTY	STATE
AA CUNIEDAL DIDECTOR	25, 1981	Memorial		Winchest CD. BY REGISTRAR 251		Virgini.
NAME KODET	A. Pumphre				31	. Tather.
Homes P.A. B	Bethesda, Ma	ryland	SEP	28 1981 6	pances Ja	

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requires that the death certificate be

OR ATTENDING PHYSICIAN: The low

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## DEPARTMEN

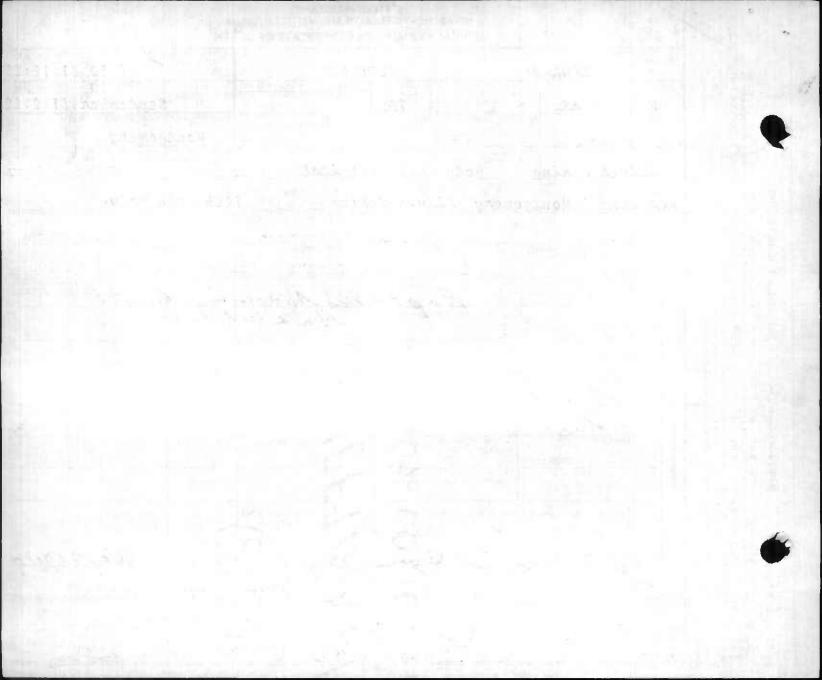
STATE OF MARYLAND	8	9	18	7	2)	6
IT OF HEALTH AND MENTAL HYGIENE	1	has		1	Com	-
ERTIFICATE OF DEATH						

1 -	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENEÖ REG. NO.	4020
	CEASED NAME FIRST PATRIC	IIA X. P.	MEINERS	20 DATE OF DEATH MONTH	9 81 2 43
3. SE	x emale	CauCASIAN	5 DATE OF BIRTH MONTH DAY YEAR 6-20-22	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 MONTHS DAYS HOURS A
84 0	WASHINGTON, USA	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	MONTGOME	
AO AC	delphi, MD.	(IF NOT IN SUCH FACILITY, GIVE STREET 2012 Forest Dal	e Dr.	12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Housewife	G LIFE) 12b KIND OF BUSINESS INDUSTRY
O. Pie	MONIG	OMERY XXXXXXXX	7 474	2012 Forest Da	le Dr.
50	JAMES PI	AYMON PECK	~~~//	MIDDLE	RANNEY
	WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU WAR OR DATES) 537-16-		K P. MEINERSESS SAME	A3 13
	18 CAUSE OF DEATH (Enter onl	y one couse per fine for (o), (b), on	d ic		APPROXIMATE INTERVA
NOI	gove rise to immediate couse ion, stating the underlying couse lost  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE	ence of <u>Death</u> but not related to the ter		GIVEN IN PART 1(0)
CERTIFICATION	190 DATE OF OPERATION	19b CONDITION FOR WHICH	OPERATION WAS PERFORMED	20g AUTOPSY? 20b. IF IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH! YES NO
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)			JRRED (ENTER NATURE OF INJURY IN ITEM	1B, PART 1 OR PART 2}
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TOWN	COUNTY STATE
Z 15 mm	sow the deceased alive on above, (1) [see Idid] (4)	ol) ottended the deceased from_ SEPT - 9 19	1-21- , 19 81 81 , and that in (my) (our opinio	on death occurred on the date and	hour and from the couses state
Ž	Marrill C.	Quennan	M.D. ATTENDING PHYSICIAN	MEDICAL STAFF	221. DATE SIGNED  98]
WOK AND	22d PHYSICIAN'S NAME (TYPE OR MORRILL C. QUIN	NAM Jr., M.D.		Hampshire Ave. S	ilver Spring,
230	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	9/11/81 GE	NAME OF CEMETERY OF CREMATORY ORGE WASHINGTON	ADELPHI	PRI GEO MD.
	UNERAL DIRECTOR FRANCI 00 UNIV.BLVD., W.			FP 14 1981	SISTRAR'S SIGNATURE

DHMH - 16 50M 1/76 (VR A 15 (4))

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STATE OF MARYLAND



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban pages. Pages 1 and 2 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, ar removal.

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IMPORTANT: If them 21 is marked or them 18 shaws any injury, or other troumotic event, the

	STATE OF MARYLAND	è	0	-3	-7	-)
FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE TO CERTIFICATE OF DEATH	ŧ	lin	Con	0	line
REGISTRAR	CENTIFICATE OF DEATH	PEG NO				

REC	GISTRAR				CERTIF	ICATE OF DEATH		REG. NO				
1. DECEAS		FIR51		MIDDLE		LAST	2a. DATE C	OF DEATH A	NONTH	DAY YEAR	26 HOUR	
, TITE OKPK	.1141 /	Mary		S.	Me 1	ander	Sept	ember	23	,1981	7:30 PM	
3. SEX			4. RACE		5. DATE C			YEARS LAST BIRTH	(DAY)	IF UNDER 1 YEAR		
Fer	nale		Cauca	sian	Aug	ust 15,190	1 8	30	YRS.	MONTHS DAYS	HOURS MIN	
Ja BIRTHP	LACE (STAT	E OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIM	ORE CITY OR	COUNT	Y OF DEATH		
	necti	cut	United	States	WIDOWE			ntgom	ery	Count	У , мр.	
Bethesda			(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET Urban H	ADDRESS)	DR OTHER INSTITUTION	(TYPE OF WO	LOCCUPATIC ORK FOR MOST OF Cetary	WORKING L	12b. KIND OF BUSINESS OR		
Mary	land	13b COU		GIVE RESIDENCE BEFOR 131. CITY OR TOW Rock vi	/N	134 INSIDE CITY LIMITS? YES 🔼 NO 🗌		TADDRESS Congr	ess:	ional	Lane	
14. FATHER		rence	E. S	tevens		IS MOTHER'S MAIDEN N	M.	WIDDLE		Bissel	1	
	DECEASED E OR UNKNOWN O		MED FORCES? (E WAR OR DATES)	166. SOCIAL SECU		N	iend e Wood	1		Virg		
Coi go cau una	nditions, if ve rise to use (a), s derlying co	ony, which immediate tating the base last.	D BY: TE CAUSE (to)  DUE TO, O  (b)  DUE TO, O  (c)	R AS A CONSEQUE	ENCE OF	OF L  EFFO.		SE OR COND	ITION GI	3,	MMATE INTERVAL ONSET AND DEATH  MOS.	
CERTIFICATION 190' 1	DATE OF OP	ERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AU1	TOPSY?	IN CERTI	S, WERE FINDI		
OR C		CAUSE OF DE	1177	M. MONTH D.	AY YEAR	216. HOW INJURY OCCU		NATURE OF INJURY	IN ITEM 18	PART I OR PART 2)		
WH AT W	ILE   NO	T WHILE		REET, FACTORY, OFFICE, F	FARM_ETC	STREET		CITY OR TOW	N	COUNTY	STATE	
100	saw the dec	eased alive or	0 17.2			nd that in (my) (our) opinio	n death accurr	red on the dat	e and ha	19 8 / ur and from the	that (I) (we) last couses stated	
	The	- 61	Gne	eu		MD ATTENDING PHYSICIAN	MEDICAL DIRECTO	STAFF			signed ember 1981	
- 1	Jo		rett,						. Ke	nsingt	on,Md.	
23a BUIDIA	I CDEALATI	ON PEMOVAL	225 DATE	122.	STANKE OF C	EMETERY OR CREMATORY	234 100	ATION				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be BP.

retained by the hospital or attending physician.

DHMH-16 30M 2/80 (VRA 15, 4)

Cremation 24, 1981 Metropolica 14 FUNERAL DIRECTOR ROBERT A. PUMPHREY FUNERAL HOMES, P.A., ROCKVILLE, MARYLAND Metropolitan

ATORY 23d LOCATION
CITY OF TOWN
CHAPTER EC'D. BY REGISTRAR 25b REGISTRAR 550 NATURE

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should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.

with the State Dept. or recovery

TO FUNERAL DIRECTOR: After this certificate has been

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician

# STATE OF MARYLAND

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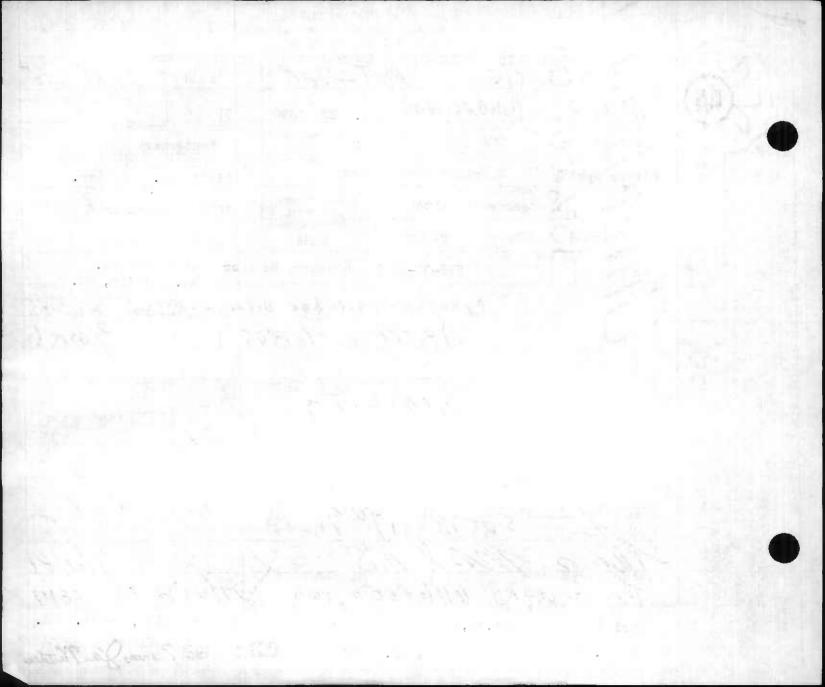
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Ľ	REGISTRAR		CI		E OF DEATH		REG. NO				
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3. SE	× m · / a	4 RAGE	5. [	ATE OF BIRT	TH DAY YEAR	6 AGE	(IN YEARS LAST BIRTHDAY)	IF UI	MDER I YEAR	IF UNDER 24	HRS.
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	COUNTRY	76 CITIZEN OF WH	HAT COUNTRY? 8.	APPIED	NEVER MARRIED	9 BALT	IMORE CITY OR CO	UNTY OF	DEATH		
_	New Jersey	USA	WI	DOWED	DIVORCED [		Montgome	ery			MD.
10 C	ITY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSING H	OME OR OTH	ER INSTITUTION		UAL OCCUPATION F WORK FOR MOST OF WOR	I I	126 KIND O	F BUSINESS	OR
	Silver Spring		and Nursi		ie	(TIPE OF	Civil Eng	• KING LIFE)	Eng		
	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIV	VE RESIDENCE BEFORE ADMI	5510N) 113d II	NSIDE CITY LIMITS?	2 113a STE	REET ADDRESS				
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	18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE)	y one couse per lin	ne for io, ib, and ic	1101	81.1.10	h*			BETWEEN	DOSET AND DE	L ATH
		E CAUSE (o)	oROBRO-	·VAS	CUMAR	DISP	95-e-acc1	DOM	20	100K	5
	4360	DUE TO, OR A	S A CONSEQUENCE	ر ر وم	1 - lin	arc			40	101	1
	Conditions, if any, which gove rise to immediate	(b)	ANIE	110	SOLOR	1071	<u> </u>		1.11	7-1	
	couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF										
	underlying couse last	(c)	Telpes.								
z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CON	TRIBUTING TO DEAL	H BUT NOT F	RELATED TO THE TE	RMINAL DIS	SEASE OR CONDITIO	N GIVEN I	IN PART 110	31	
TO			SellV	41	13						
CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH OPE	RATION WA	S PERFORMED	YES YES	INC	CERTIFYING YES	ERE FINDIN G CAUSES	GS USED OF DEATH? NO □	
CER	21a. ACCIDENT WAS UNDERLYING			210	HOW INJURY OCCU	URRED (EN	TER NATUE IN IT	EM 18 PART I	OR PART 2)		
AL	OR CONTRIBUTING CAUSE OF DEA	In .	MONTH DAT	YEAR			5.50				
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF	INJURY , FACTORY, OFFICE, FARM, E		OCATION		CITY OF TOWN		COUNTY	STATI	
2	AT WORK NOT WHILE	(AI HOME SIREE!	, FACTORY, OFFICE, FARM, E		1. 1	0		- \ -	10	1	
	27s I certify they it (this hospit	ah attanded the a	lecoused fidm	Tu	W, 19	, to _	SCAT	19_	6/	that (I) (we)	Tost
	tow the deceased alive on about 10 let raid) (did not	view the body edit	ter deemh.	and that	in (my) (our) opinio	on death ac	curred on the date on	id hour one	d from the o	couses stated	d
-	271. SIGNATURE	dh	11	DEGRE		\ /-			22c. DATE	SIGNED	
4	11/10 2	11111	17 1	20	ATTENDING PHYSICIAN	MEDI	CAL STAFF TOR PHYSICIAN [		9/2	7/8	/
	72d, PHYSICIAN'S NAME (TYPE OF	PRINT)	1 11 1 0		ADDRESS	V	1 002		1		
	The's G. 18	4RD	0116 KG	08 N	NOD	121	148 DA	50	( -2	0817	7
	BURIAL, CREMATION, REMOVAL	23b. DATÉ		OF CEMETE	RY OR CREMATOR	Y 23d I	ilver Spri	na so	Mont	Md	
	Burial	Sept.30	,1981 Ga1	te of .	Heaven	0	TIAGL SDLI	TIR,	OFIOII U	• ~ web 4	•

24 FUNERAL DIRECTOR
FRANCES H. DHMH - 16 50M 1/81 (VRA 15, 4) BARBER

Burial

LAYTONSVILLE, MD. 20879

Sept. 30, 198



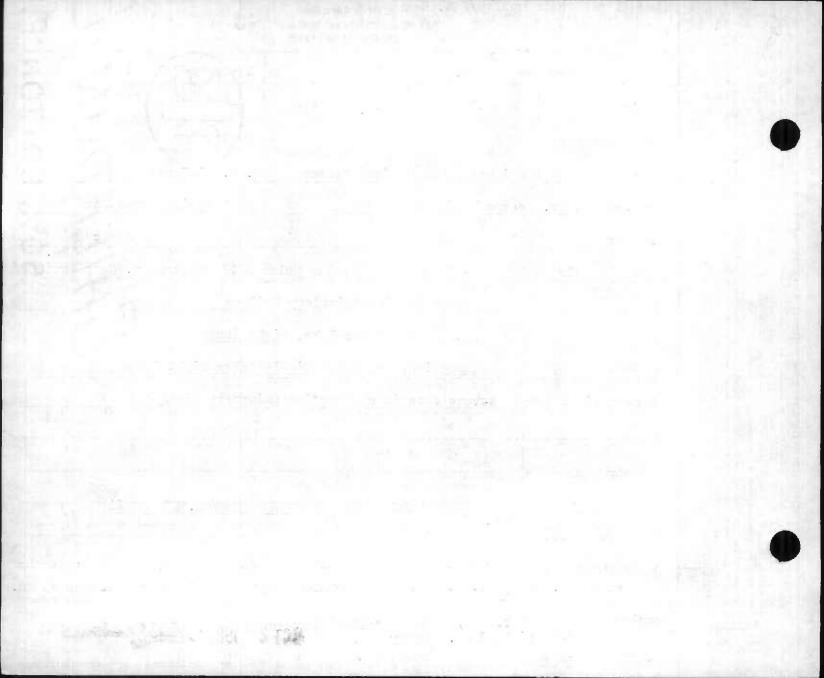
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ST., BALTIMORE, MARYLAN	
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DIVISION OF VITAL RECORDS, 201	
ON OF VIT	
DIVISI	

-	(TYP		ooledge	A.	MOLE		Septem		1981	20.11	10A
I)	3 SE	Male	4 RACE Cauca		S. DATE O	DAY YEAR	6 AGE (IN YEARS		MONTHS D	YEAR IF UND	DER 24 HRS
70	No	RTHPLACE (STATE OR F COUNTRY) orth Caroli	na USA	F WHAT COUNTRY?	WIDOW		9 BALTIMORE ( Montgo	_	UNTY OF DEAT	Н	MI
27	Ве	thesda	Nation	al Naval	Medic	al Center	120 USUAL OCC (TYPE OF WORK FOR U. S. A	MOST OF WORK	ING LIFE) INDUS	ND OF BUSI	NESS OR
35	Ma	AL RESIDENCE OF NUR STATE aryland	Pr. George	GIVE RESIDENCE BEFOR 136 CITY OR TOW Clinton	VN	13d. INSIDE CITY LIMITS? YES NO 🕱	13e STREET ADD 9107 St	PRESS pring	Acres R	oad	
60		Arthur	Charles	Mole		15. MOTHER'S MAIDEN NA/ Rachel	MI	IDDtE	Sext	on.	
2		VAS DECEASED EVER YES. NO OR UNKNOWN) Yes	N U.S. ARMED FORCES? (IF YES. GIVE WAR OR DATES) 1943-63	166 SOCIAL SECU 408 44		Charles Moles		address enstan	Dr. Ca	Mo mp Spi	
	TION	Cancer rig	ediate the last    IFICANT CONDITIONS C	Resection Contributing to	ENCE OF  n, upp  DEATH BUT  Onic of	ower lobe, rigoer and middle NOT RELATED TO THE TERM Obstructive pu	lobes r	diseas	GIVEN IN PAR		
29	L CERTIFICATION	190 DATE OF OPERAT  210. ACCIDENT WAS UND OR CONTRIBUTING C	ERLYING 21b. TIME	OF INJURY		N WAS PERFORMED		DIN C	F YES, WERE FINE ERTIFYING CALL YES  M 18 PART 1 OR PAR	JSES OF DE.	ATH?
7	MEDICAL	(IF EITHER NOTIFY MEDIC  21d. INJURY OCCURR  WHILE NOT WHI AT WORK AT WOR	21e PLACE	OF INJURY TREET, FACTORY, OFFICE, F	19 FARM ETC )	21f LOCATION STREET	CIT	Y OR TOWN	COUNTY	Y	STATE
4		22n L contifu that (1)	this haspital) attended t	he deceased from_	July	14 19 81	_ <sub>, to</sub> _Sep		19 81	, that /II	(we) last
		sow the decease abave A (we) (d. 22b. SIG	d alive an Sept.	y after death	81_ 0	nd that in y) (aur) opinion o	leath occurred on	the dote and	d have and from	the couses	



DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH DECEASED NAME (TYPE OR PRINTS Drusilla Kendall September 24 Montuori 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX MONTH Female Caucasian Nov. 17. 1900 80 7a. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Washington, United State NIDOWED X Montgomery County, 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Bethesda Deepwell Drive Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION. 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Bethesda Maryland font gomerv YES T 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Kendall MIDDLE Nellie Charles 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Son (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 213 74 1140 Warren K. Montuori 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: TYUCARDIAL INTARCTION IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF YPERTURINE AND Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY?

Farragut Square Washington, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMMEDIAM ACTERIOSCERSIA SYRS HEART DISHAST PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? viriol-tronsit perr NOXX NO IT shov 71n ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Hern 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION orked or CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) WHILE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from..... sow the decessed alive on 1014 6 obover (1) we) (did) (did not) view the body ofter death. 19 £ . and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 22b. SIGNAT DEGREE Sept. ATTENDING MEDICAL STAFF
PHYSICIAN XDIRECTOR PHYSICIAN Should be detact with the State D MPORTANT 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 5530 Wisconsin Avenue David G. Luthringer, M.D. Chevy Chase, Maryland 20815 23b. DA Bept. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL (SPECIFYBurial 28,1981 Arlington National Arlington. 24 FUNERAL DIRECTOR ROBERT A. PUMPHREY FUNERAL 250 DATE REC'D BY REGISTRAR 251 REGISTRAR'S NONATION DHMH-16 30M 2/80 HOMES, P.A., BETHESDA, MARYLAND ( perces (VRA 15. 4)

STATE OF MARYLAND

2b. HOUR

12b. KIND OF BUSINESS OR

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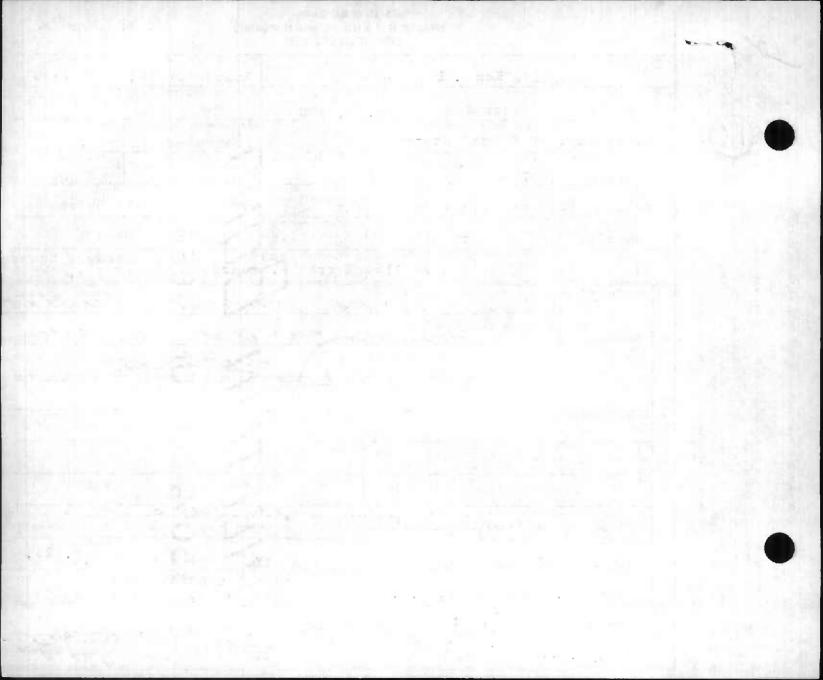
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IF UNDER 24 MRS

1981

IF UNDER I YEAR



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4

	FOR STATE REGIS	STRAR		DEPARTA	MENT OF HEA	OF MARYLAND LITH AND MENTAL H ATE OF DEATH		2 . NO.	4 3	3 3
	1. DECEASED		,	MIDDLE	LAST		20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
	3. SEX	Doug	AS HI	am 16 To	NM	looke sr.		9	8 8/	1035 A
	3. SEX	Male	Can	casien	S. DATE OF	DAY YEAR	6 AGE (IN YEARS LAS	BIRTHDAY)	MONTHS DAYS	
317	70 BIRTHPLA		76. CITIZEN OF	WHAT COUNTRY?	8. MARRIED	NEVER MARRIED		OR COUN	ITY OF DEATH	
5		ngton D.(	I) NAME OF	HOSPITAL NURSIN	WIDOWED [	DIVORCED [	120. USUAL OCCUP		-	N OF BUILDINGS O
35	Rocku	ille	Shaoy	GROVE A	duentis	-1	(TYPE OF WORK FOR MO	ST OF WORKING		
4/7	USUAL RESIL	DENCE (IF NURSING HOME )	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	d. INSIDE CITY LIMITS?				1100
£7/	Wash	D.C.				ES NO	4201 Ca		al Ave.	N.W.
hine	14. FATHER'S	NAME	MIDDLE	LAST	15	MOTHER'S MAIDEN N	AME MIDDLE			
301	Will	liam		Moor	e	Annie	MIDDE		Unkn	iown
ico	160 WAS DE	CEASED EVER IN U.S. A		166 SOCIAL SECU		. INFORMANT	ADI	DRESS		
3	ves		WW T	087-22-	7564	Douglas H.	Moore Ir			
ws any injury, ar ath	PART 2	TE OF OPERATION	CONDITIONS C		DEATH BUT NO	1	200 AUTOPSY?	20b. IF ) IN CER	YES, WERE FIND TIFYING CAUSE	INGS USED S OF DEATH?
00	21a. AC	CIDENT WAS UNDERLYING	21b. TIME C	OF INJURY	12	It HOW INJURY OCCI	JRRED (ENTER NATURE OF I		R PART I OR PART 2)	NO 🗌
S S	100.00	NTRIBUTING CAUSE OF DI	LMIN .	.M. MONTH DA .M.	AY YEAR					
18 2	O UP EII	JURY OCCURRED	21e. PLACE							
or Item 18 sh	21d IN	JOH! OCCOMILED				II. LOCATION				
ked or Item 18 st	WHILE			REET, FACTORY, OFFICE, FA	ARM, ETC	II. LOCATION	cmo	SOWN	COUNTY	MAIL
morked or Item 18 st	AT WOR	NOT WHILE AT WORK	(AT HOME ST	REET, FACTORY, OFFICE, FA	ARM, ETC	II LOCATION	9/8	181	COUNTY	
21 is morked or Item 18 sh	22a.   c	ertify that (I) (this hasp	pital) attended	REET, FACTORY, OFFICE, FA	ARM, ETC	1/8/10_	9/8	18/	19	that (I) junta
tem 21 is morked or Item 18 sh	AT WORK	NOT WHILE AT WORK  ertify that (I) (this hasp	oital) attended	REET, FACTORY, OFFICE, FA	ARM, ETC	1/8/10_	to 9/8	18/	19	that (I) juice
If Item 21 is marked	AT WORK	ertify that (1) (this hose w the deceased olive o cove/(1) (wo fidio) (did	pital) attended	REET, FACTORY, OFFICE, FA	ARM, ETC	HOLIN (my) SO TOPINIO	in death occurred on the	date and h	_ 19 our and from the	that (1) join
If Item 21 is marked	22a. I c. so ob 22b. SK	ertify that (1) (this hose w the deceased olive o cove/(1) (wo fidio) (did	pital) attended to	REET, FACTORY, OFFICE, FA	arm, etc.)	HOLIN (my) SO TOPINIO	to 9/8	date and h	_ 19 our and from the	that (1) juillo
If Item 21 is morked to	22a. I c. so ob 22b. SK	ertify that (I) (this hasp w the deceased alive a cover(I) (worldid) (did GNATURE	oital) attended (	REEL FACTORY, OFFICE, FJ	arm, etc.)	19	in death occurred on the	date and h	_ 19 our and from the	that (1) juillo
MPORTANT: If Item 21 is marked	22a. I co 30b 22b. Sic	NOT WHILE AT WORK  ertify that (I) (this hasp w the deceased olive o gove/(I) (two fdid) (did GNATURE  WSICIAN'S NAME (TYPE	oital) attaces to any sew the body	REEL, FACTORY, OFFICE, FA	arm, etc.)	ATTENDING PHYSICIAN TO ADDRESS 54/3	MEDICAL SPHY	date and h	_ 19 our and from the	that (I) juilla
MPORTANT: If Item 21 is marked	22a. I con so ob 22b. SK	ertify that (I) (this hosp w the deceased olive o pove/(I) (sor (did) (did) GNATURE IYSICIAN'S NAME (TYPE CREMATION, REMOVA	OR PRINT)  CCCCCC  L 23b. DATE	REEL FACTORY, OFFICE, F	JAME OF CEM	ATTENDING PHYSICIAN 20 ADDRESS 54/3 ETERY OR CREMATORY	MEDICAL S DIRECTOR PHY  23d. LOCATION CITYORTOWN	date and h	19 27 DATE 9	that (1) join
IMPORTANT: If Item 21 is morked	22a. I co 22a. I co 22b. SK 22d. PH 23a. BURIAL, (SPECIFY) Blur	ertify that (I) (this hosp w the deceased olive o pove/(I) (sor (did) (did) GNATURE IYSICIAN'S NAME (TYPE CREMATION, REMOVA	OR PRINT)  OR PAINT)  OR PAINT)  OR PAINT)	REEL, FACTORY, OFFICE,	JAME OF CEM	ATTENDING PHYSICIAN 20 ADDRESS  ETERY OR CREMATOR:  2 Momonical	MEDICAL S DIRECTOR PHY  23d. LOCATION CITYORTOWN	date and h	19 27 DATE 9	that (1) Flore causer stated 18/8/8/

DHMH - 16 50M 1/81 (VRA 15, 4)

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retained by the haspital ar attending physician.

Adding the real street in the Company of the compan Williams Instruction 1986 to a No. of the Control o . T. AMON. ALLES TOTAL PROPERTY. IN AND THE PARTY OF THE State 
F-15	FOR STATE REGISTRAR	DEP	ARTMENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	IENE 8	2 4 3	3 4
age 3 leath	1 DECEASED NAME FIRST (TYPE OR PRINT)	MODIE	MOR	PALGS	14 DAIL OF DEATH	9/25/81	25. HOUR 9:51p M
s after do	Female	White	5. DATE OF	15,1894 YEAR	6. AGE (IN YEARS LAST BIRTI	MONTHS DAYS	
72 flour	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Key West Fla.	76. CITIZEN OF WHAT COUN	WIDOWED		Montgomer	•	MD.
by the fuel within	Bethesda Md.	11. NAME OF HOSPITAL, NU ENOT INSUCH FACILITY, GIVE Bethesda He	alth Cen	ter		ON 12b. KIND WORKING LIFE) INDUSTR' Preter-State	
filled in ruld be fi	USUAL RESIDENCE (IF NURSING HOME O 130. STATE 136 COU	NTY 13c. CITY OR	TOWN ngton	134 INSIDE CITY LIMITS? YES 24 NO []	13. STREET ADDRESS 1421 Mass.	Ave N.W. #	704
completely fille 1 and 2 should nedical examine	14. FATHER'S NAME FIRST Joseph	Mora		Joanna	MIDDLE		squez
Pages 1 at		CAMAR DRD ARECT	05-9244	Stanford Air	nington, Doct.	M- St. N.W.	#601
n signed by the attending phen pale please remove carbon pale to burial, cremation, or remy injury, or other traumatic	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)	EQUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONF	DITION GIVEN IN PART	5/ds \$
n. ate has bee permit. T giene prior 8 shows an	190 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING	196 CONDITION FOR W	HICH OPERATION	WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES [	
physiciar s certifica al-transit ental Hyg or frem 11	OR CONTRIBUTING TO CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	
After this the burith and Mi	UF EITHER, NOTIFY MEDICAL EXAMINER  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OI	FFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOW	n county	STATE
ospital or and INECTOR: ed for use as ept. of Healt Item 21 is in	22a.1 certify that (1) (this hosp sow the deceased alive or	ital) attended the deceased (	JY, one	d that in (my) (our) opinion of		te and hour and from th	e, that (I) (we) lost ne couses stated
retained by the FTO FUNERAL C should be detach with the State D IMPORTANT: I	22d, PHYSICIAN'S NAME (TYPE)	DR PRINT) LEKAG	UL MA	PHYSICIAN C	DIRECTOR PHYSIC		1 45 (81 Mes des in
BP	230. BURIAL, CREMATION, REMOVAI (SPECIFY) Cremation		23c NAME OF CE			n,D.C. 2000	
DHMH-16 25M (VRA 15, 4) 1/79	24 FUNERAL DIRECTOR Lee Funeral Home	300-4th St.N.	ss E. Wash.l		CT 1 1981	25b. REGISTRARS S GN	STURESCH

Bother is Md. Setherin Health Com on Red. John - Turn-June Nell. 1.21 Mage. 10 M.H. Will 1.0.0 Justin - Soules Action of the state of the stat

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Les Coulons I. H. I. H. Seel Person sel

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TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 21 is marked or Item 18 shaws any injury, ar other traumatic event, the medical

	1 -	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYD ICATE OF DEATH	GIENE 8	2 6	4 3	3 5
	(TYPE	CEASED NAME FIRST ORPRINT) ECHEST		P	M	orar	20 DATE OF DEATH	MONTH D	-/PI	26. HOUR 15
		Male	Caucas:	ian	S. DATE (	DAY YEAR	6 AGE (IN YEARS LAST BIR		ONIHS DAYS	HOURS MIN.
7	Wa	RTHPLACE (STATE OF FOREIGN COUNTRY) AShington, DC	United	States	WIDOWE	N.A. tour	9 BALTIMORE CITY O			MD
)	B	ty or town of DEATH	(IF NOT IN SUC	what be	DDRESS)	Hospital	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O Brick Ma	F WORKING LIFE	INDUSTRY	Gov t.
5	130. S Ma1			Bethes	V	138 INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 10250 We	stlak	e Dri	ve
C			rsey	Moran		Agnes	MIDDLE		May	
		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) 2 S	E WAR OR DATES	184-07-		Margaret M			esda,	ulum Ro MD
		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR  DUE TO, OR  (b)  DUE TO, OR  (c)	Myseous	Car	oscleration deil Info	Heart	lises	le w	reks.
2	CERTIFICATION	PART 2 OTHER SIGNIFICANT (		TION FOR WHICH			200 AUTOPSY?	20b. IF YES,	WERE FINDIN	NGS USED
7	MEDICAL CER	216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- (IF EITHER NOTIFY MEDICAL EXAMINER 216 IN JURY OCCURRED  WHILE NOT WHILE	P.A.	M. MONTH DA	19	216 HOW INJURY OCCUR	RED ENTER NATURE OF IN	IN IN ITEM 8 PAI	RT : OR PART 7)	STATE
		77a I certify that work Staw the decreased alive an above, a jumple mittled on	9/2	after Wath. 19	9/	ad that in task (our) opinion	deoth occurred on the do		ond from the	that (we) lost causes stated
	220 D	J. Blaine					DIRECTOR   PHYSIC	IAN 🗌	thesd	20814 a, MD
	200. 0	The second secon	Transfer C	23E. N	WAIE OL C	EMPLIERI OR CKEMATORY	236. LOCATION			

DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL

OR ATTENDING PHYSICIAN: The low

etained by the haspital ar attending physician

Burial 1981 Ft. Pumphrey

Bladensbur 3, Maryland Cempter Diadensuul ...

Lincoln Funeral 14 FUNERAL DIRECTOR Robert A. Homes, P.A. Bethes P.A. Bethesda, Maryland

OCT 5

1981 Theres

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physican and campletely filled in by the future of should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be first entire 7.7 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH - 16 50M 1/B1 (VRA 15, 4)

FOR STATE REGISTRAR	DEF	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATI	H	4 3 3 6
1. DECEASED NAME FIRST	MIDDLE	LAST	REG. NO.  20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
(TYPE OR PRINT)	my Mart	tina MORAN	SEPTEMB	ER 19.81 2:15
3 SEX	4 CE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 H
female	white	12 17 189	95 85 YRS	5.
7a BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania		MARRIED NEVER MARRIE WIDOWED DIVORCE	D MONICOHCRU	County
KENSIMTON, Md.	LENS MTOD		126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING retired cler	
USUAL RESIDENCE (IF NURSING HOME 130 STATE 135 CO Maryland Mon	or other institution, the residence unity transfer Beth	E BEFORE ADMISSION) R TOWN Lesda 13d. INSIDE CITY LIM YES 12 NO [	_ UUZS KRIVIAN	Lane
Owen	MIDDLE GA	rrity Marge		Meagher
160 WAS DECEASED EVER IN U.S. / (YES. NO OR UNKNOWN) (IF YES.		60 1023 Joseph	V. Moran, Jr. sam	e as 13e
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CON:    b)    DUE TO, OR AS A CON:    (c)    T CONDITIONS CONTRIBUTING	SEOUENCE OF	E CUBE.	
190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY (	YES NO NO NOTE: IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH YES
OR COMPRISION COMPANY	DEATH .	H DAY YEAR		
(IF EITHER NOTIFY MEDICAL EXAMINED TO THE PROPERTY OF THE PROP	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, C	OFFICE, FARM, ETC.)  211 LOCATION STREET	CITY OR TOWN	COUNTY STA
saw the declared alive	on not, view the body after death.		opinion death occurred on the date and h	, 19 , then I (we
726 SIGNATURE	~		DING MEDICAL STAFF CIAN DIRECTOR PHYSICIAN	22c. DATE LIGNED
22d. PHYSICIAN'S NAME AT	RGOUS M	1100	O GEORGE OWN RE	). Pockutu
230. BURIAL, CREMATION, REMOVA	9/23/81		nal Cemetery Arl	
1331 Rockvill	heeler Funera e Pike Rocky	Home, Inc.	SEP 2 2 1981	STRAR'S SINATON ANCH

The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s diversity the grands or the their series of the contract the same of For a decided classes of a companional expension but the of Property and Table so the same of the Born of the Borns on the same and the 2011 - 1 1 N X 

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Hem 21 is morked or Hem 18 shows any

## FOR - STATE REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REGISTRAR				CERTIFI	CATE OF DEA	ın	REG	NO.	2 3 7 7 7 6 9	
1. DECEASED NAME	FIRST	М	IDDLE	LA	IST		20. DATE OF DEAT	H MONTH	DAY YEAR	2b HOUR,
(TYPE OR PRINT)	Marv	L	ouise	Mor	celand		Sept	. 11,	1981	10:05 AM
3. SEX		RACE	CGIOC	5. DATE O	FBIRTH		6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER I YEAR	
Female		Whi	te	Jul	v 5. 19	20	6	1 YR	MONTHS DAYS	HOURS MIN.
To BIRTHPLACE (STATE)	OR FOREIGN 7b.		VHAT COUNTRY?	8	100		9 BALTIMORE CIT			
Nebraska		U.S	٨	WIDOWE	NEVER MAR	CED T	Montgo	norm (	County	MD.
10 CITY OR TOWN OF D	EATH II.	NAME OF H	OSPITAL, NURSIN	G HOME O	R OTHER INSTITU		12a USUAL OCCUP	ATION	12b. KIND (	OF BUSINESS OR
Rothorda			FACILITY, GIVE STREET		1 -		(TYPE OF WORK FOR MC			
Bethesda USUAL RESIDENCE (IF N	URSING HOME OF OTH	ER INSTITUTION O		ADMISSION)	aa		Stenogr		Mart	Ed.Assoc.
13a. STATE	131 COUNTY		13c. CITY OR TOW		13d INSIDE CITY I		13e. STREET ADDRE		- (5	
14. FATHER'S NAME			Washing	con, Du	15. MOTHER'S MA	NIDEN NAM	#1 Scot	tt Cir	cle, #10	5
FIRST	MIDI		LAST		FIRST		MIDDI	E	_	AST
Howard	D		Morela		Alt	a		00555	Ca	rson
16a WAS DECEASED EV (YES, NO OR UNKNOWN)	(IF YES, GIVE W.		166 SOCIAL SECU		17 INFORMANT		1703 Ĉ	DRESS ark S	treet	
Yes	W.W.	II	507-16-	6161	Robt.Mor	eland	-Norfolk	Nebr	aska	
18 CAUSE OF DE	ATH (Enter only o	ne couse per l	ine for (a), (b), on	d (c)/	//				BETWEEN	XIMATE INTERVAL
PART I. DEATH	WAS CAUSED B		1401	25/2	he	Car	ciman	2		
1749	i immediate c		10.1.50.190.15	NICE OF						
Condition II o	an his /	DUE TO, OR	AS A CONSTQUE	NCE OF	en -	1	צוור פחו ב			
Conditions, if o	mmediate	(b)	Cerp	170	12 67		10011			
couse (a), sta		DUE TO, OR	AS A CONSEQUE	NCE OF						
		(c)								
	1/		NTRIBUTING TO E	DEATH BUT I	NOT RELATED TO	THE TERMI	NAL DISEASE OR C	ONDITION	GIVEN IN PART 1	(0)
O	Non									1 - 2
NO 190. DATE OF OPEN	RATION	196 CONDIT	ION FOR WHICH	OPERALIO	-WAS PERNORME	2/	ZDE AUTOPSY?		YES, WERE FINDS	
1/25	181	150	Are p	210019	4/01	19	TYES NO		YES [	NO R
210. ACCIDENT WAS		216. TIME OF		AV VEAD	ZIL HOW MUUR	CCURRI	ED (ENTER NATURE OF	INJURY IN ITEM	18 PART   OR PART 2)	
OR CONTRIBUTING		HOUR A.M		AY YEAR						
OR CONTRIBUTING L		21e PLACE C		17	211 LOCATION		·			
WHILE	*******	(AT HOME, STRE	ET, FACTORY, OFFICE, F	ARM, ETC )	STREET	-	CITY C	RTOWN	COUNTY	STATE
AT WORK AT	WORK -	1.1.0		A	7/2 ( /	. 0-1	SEDT	11 -	201	
220.1 certify that	ased alive on	Son!	S 19	21	,	9.00	leath occurred o. 14	y de la company	: Y	tho ( we) Tosi
obove, (I) (we	(did) did not) vi	iew the body o	ofter death.		Con	) opinion a	leoffi occurred 6. M	e dote ond		
22h SIGNATURE	00	//		2	DEGREE				22¢ DATE	ESIGNED
W.	2/5.	Un	when	. //	PHY:	nding Sician 🛭	MEDICAL PHY	STAFF (SICIAN []	9/	11/81
22d. PHYSICIAN'S	NAME (TYPE OR PR	INT)			22e. ADDRESS					
1 dho	CK. 1	Imh	221	MU	8871	(	nu Ar	0 /	1/0 /2	see My
23a. BURIAL, CREMATIO	N PEMOVAL T	23b. DATE		NAME OF CE	METERY OR CREA	AATORY	123d LOCATION	*,	elen or	The following
(SPECIFY)		9/16/1	087				CITY OR TOW		COUNTY	STATE
Cremation		7/ 20/ 1	0	edar	Hill Cre					coMd.
24 FUNERAL DIRECTOR			ADDRESS			CE CE	PEC'D. BY REGISTE	1/2		DI -
Jos.Gawler'	s Sons,	nc.513	O Wisc.A	ve, NW-	-Wash, DC	36	T 0 120	760	olch Julian	Coesthan

DHMH-16 30M 2/80 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The retoined by the hospital or ottending physician.

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	PHYSICIAN. The law requires that the death certificate be executed within 24 boars after Eath Parts 4 ending physician.	this certificate has been signed by the ottending physician and completely filled in by the funnal of recon- te buriol-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled within 72 in accoun-
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	NYS din	S C
	PHYSICIAN: The I tending physicion.	this certificate has been signed by the ottending physic he buriol-tronsit permit. Then please remove corbanpape

FOR STATE

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ı		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	
ı		CEASED NAME FIRST	MIDDLE	t.	AST	26 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ł	10112	Ellrie		Mo	rgan Jr.	9-11-81	12300
1	3. SE>		4 RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
ı	M	lale	Caucasian	Nove	mber 5 1917	63 YR	MONTHS DAYS MOURS MIN.
4	7a. BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8.	NEVER MARRIED	9. BALTIMORE CITY OR COUN	
		ennsylvania	Untted Sta	tes WIDOWE		Montgomery	MD.
1	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,		OR OTHER INSTITUTION	128 USUAL OCCUPATION	126. KIND OF BUSINESS OR
)		lney	Brooke Gro	ove Nur	sing Home	Auto Salesman	Auto
-	13a S	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COU		OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
	Ma	ryland Mont		kville	YES X NO		n Street
	14 FA	THER'S NAME FIRST	WIDDLE	LAST	15 MOTHER'S MAIDEN NA		LAST
4		Ellrie	T n.e.	rgan	Thursie		Brothers
1		AS DECEASED EVER IN U.S. AF	VE WAR OR DATES)	IAL SECURITY NO.	17. INFORMANT	ADDRESS	
ı		Yes WW	YE WAR OR DATES) 210-0	05-9683	Martha Morgan	n (same as 13e)	
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE			6		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1			TE CAUSE (o)	HONAS	ey (onge	57/00	TERM.
		1870	DUE TO, OP AS A CO		4	10	1 11
		Conditions, if ony, which gove rise to immediate	(b)	FUSC 1	KTASTATIC	- (ARCINOTI	A MONTAS
1		couse (a), stating the underlying couse last.	DUE TO, OR TO CO	NISEQUENCE OF	a - Kon.	-1/P- 1	2 / 2 1/06
ı			1c)			EY ( KENAL (.	20 3 7KS
1	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTI	ING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVÊN IN PART 1(0
1	ATIC	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	20s AUTOPSY? 206 IF	YES, WERE FINDINGS USED
	CERTIFICATION				THE OWNED	YES NOT	RTIFYING CAUSES OF DEATH?
	SERT	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM	
ı		OR CONTRIBUTING CAUSE OF DE					
ı	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION		
١	X	WHILE NOT WHILE	(AT HOME, STREET, FACTORY	Y, OFFICE, FAMA, ETC.	STREET	CITY OR TOWN	COUNTY STATE
I	1	22a I certify that (1) (this hosp	ital) attended the decease	d from 9/8	1987	to 9/11	198 that (I) (we) last
ı		saw the deceased olive on	of the body after deat	_19.8/ , on	d that in (m) (aur) apinion (	death occurred on the date and I	hour and from the causes stated
1	1	224 510 NATURE	III W I'lle Doddy affer deal	п	DEGREE		22c. DATE SIGNED
	V	Non la	- // outur	15 1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	9-11-81
1		THE HYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS		
		D.R.L	EWIS 7	, D.	OLNEY	4D 5083.	2
1		URIAL, CREMATION, REMOVAL	23b. DATE 198	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY
		Burial	September	14 Parklav	vn Mem.Park	Rockville Mon	ntgmery Maryland
	24 FU	NERAL DIRECTOR Rober	t A. Pumphrey	Funeral 1	Homes P/A 250. DATE	E REC'D. BY REGISTRAR 256. REG	D 446
			y Ave. Rocky	DOME 33	20850 SF	P 18 1981 7	cas Jan Tarthen

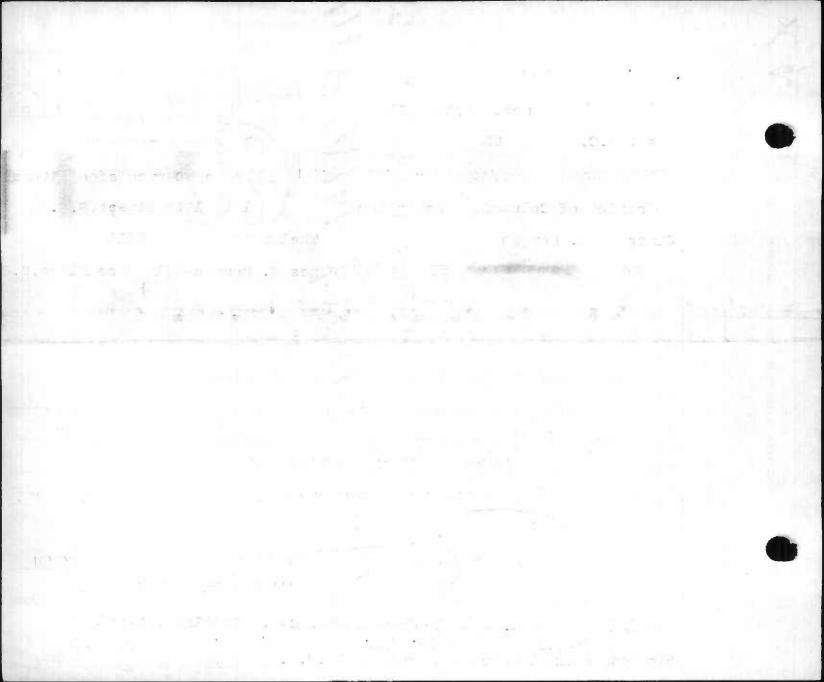
DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR: After should be detached for use os t with the State Dept. of Health o

IMPORTANT: If hem 21 is morked ar

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STATE OF MARYLAND



FOR STATE REGISTRAR

	3. SE:	Geor	ge L.	5 DATE C	rris DEBIRTH	September 15	, 1981 8:22
)		Male	White	Tana	oay YEAR 3, 1928	5.3 YR	MONTHS DAYS HOURS M
8/ 5		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COUL	
6/		ew Jersey	United Stat	es WIDOWE	D DIVORCED	Montgomery C	ountv
thed /		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME C	OR OTHER INSTITUTION		G LIFE) INDUSTRY Weber
26		Bethesda	Clinical Cent	er, NIH	, Beth., Md	Expeditor	Sher
67	13a. S	ew Jersev	V Essex Newa	NWO	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 98 Marne St.,	07105
57	14. F.A	THER'S NAME	MIDOLE LAST		15 MOTHER'S MAIDEN NA	WE	LAST
87		Stephan	D. Mor		Frances		Holler
S medico		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES, NO	GIVE WAR OR DATES)	0-8533	Alice Luci 41 Norman	ano Sister Road, Newark	
it, the		18 CAUSE OF DEATH (Enter	only one couse per line for (o), (b				SETWEEN ONSET AND DEA
even	3		IATE CAUSE (6) Shock	(cardio	genic)		2 hours
10110		4413	DUE TO, OR AS A CONSE				
roun		Conditions, if ony, which gove rise to immediate	( b) Intrao	perativ	e hemorrhage	and hypotensic	on 10 hours
her		couse (o), stoting the	DUE TO, OR AS A CONSE				
or oth		underlying couse lost	( Aortic	aneury	sm-rupture		10 hours
y.	7		IT CONDITIONS CONTRIBUTING		A 1		GIVEN IN PART 110
<u></u>	10	Congenital H	eart Disease - 1	artial	Vehiscence	od atrial sep	ral patch
50 7	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WI		C	IN CE	YES, WERE FUNDINGS USED RTIFYING CAUSES OF DEATH:
ě 🗸	RTI	September 15,	1981 Portial Det	iscence c	1216 HOW INJURY OCCUR		YES NO
01		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		DAY YEAR	ZIE HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART OR PART 2)
Hem	CA	(IF EITHER NOTIFY MEDICAL EXAMI	NERI P.M.	19			
edor	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY OF	FICE FARM ETC }	21f LOCATION	CITY OR IOWN	COUNTY STAT
E D		AT WORK		Conto	mbox 6 10 01	Contember 1	01
\$		sow the deceased alive	spital) attended the deceased from Santambar 15	o 81 a	nd that in (my) (our) oninion	death accurred on the date and	hour and from the course state
m 2		obove, H (= el (did) (did)	September 15	<del>- 03.</del> . • ·	DEGREE		274 DATE SIGNED
<u>+</u>		Hall y	P		ATTENDING	MEDICAL STAFF	10/2/1
MA J		224 PHYSICIAN'S NAME (11)	aung		PHYSICIAN [	DIRECTOR PHYSICIAN	1/15/17
		A 17	0.			nal Institutes	
2		HAMBONY L	- TICONE		Clinical Cen	ter, Bethesda,	Md., 20205
	23a. E	BURIAL, CREMATION ATMOV	AL 236. DATE Sept.	23t. NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STAT
		Burial	19.1981	Holy C	ross Cemete	N Arling	ton, New Jer
	24 FI	JNERAL DIRECTOR	bert A. Pumph		25 n D A I	E REC'D. BY REGISTRAR 256 REC	istrar ignaturality
31		NAME IN CO.	nerr A. rumna	Tev FII	neral		1 1 1/2 77

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

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8 8		ems 5,6 g559 9 FOR STATE REGISTRAR		EPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL H' ICATE OF DEATH		2 4 3 4 1
ent y		CEASED NAME FIRST OR PRINT) ERNES	MIDDLE Irvin		ADD. Jr.	REG. NO 20. DATE OF DEATH	9-2-81 758AN
	3 SE	MALE	4. RACE  Caucasian		OF BIRTH 1920 (O 1921	6 AGE (IN YEARS LAST BIR	MONTHS DATS HOURS MIN.
	M	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT CO	MARRIE WIDOWE		Montgome	
by the filled with	Ta	koma Park	JIF NOT IN SUCH FACILITY, G	Advent	ist	Truck Dri	
LAND 21  in 24 hou should be should be earliered by	130 S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COULT A TYLAND 136 COULT A T	NTY 13c. CITY	OR TOWN	13d INSIDE CITY LIMITS? YES NO THE NOTHER'S MAIDEN N	11502 Ke	ystone Avenue
complete	E	rnest Ir	vin Muc	dd, Sr.	Dorothy  17 INFORMANT	Eleanor	
Don ond rs. Poges		YES NO OR UNKNOWN) (IF YES G	A 217-	-36-8816			e as Line 13  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours ottending physician.  With this certificate has been signed by the ottending physician and completely filled in by as the burnal-transit permit. Then please remove corban papers. Pages 1 and 2 should be fill the and Mental Hygiene prior to burial, cremation, or removal.  On the New York of the proof of the prior to burial, cremation, or removal.  On the new York of the proof of the prior to burial, cremation, or removal.	z	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CO  (b) SCU  DUE TO, OR AS A CO  (c) CONTRIBUT	DISEQUENCE OF DISEQUENCE OF VIRICUL	NOT RELATED TO THE TER	CITABILITY	DITION GIVEN IN PART 1 0
AL RECORD The law requion. The remit. The reme prior tree prior tr	CERTIFICATION	SUBACUTE D 190 DATE OF OPERATION 8/15/8/	196 CONDITION FOR AOLTIC K	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES □ NO 🔀	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \( \text{NO} \) NO \( \text{NO} \)
IVISION OF VIT  IG PHYSICIAN: ottending physic for this certificate is the buriol-from ond Mentol Hyg ked or them 18 si	MEDICAL CEI	218, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE AT WORK AT WORK	HOUR A.M. MON	19 Y	211 LOCATION	IRRED (ENTER NATURE OF INJUR	
OR ATTENDIA he hospital or DIRECTOR. Af roched for use o E Dept. of Health		22e I certify that (I) (this hosp sow the deceased alive or above, (I) (we) (did) (did of 22b. SIGNATURE	ortol) ottended the deceose	h. 01	DEGREE		ste and hour and from the couses stated  22c DATE SIGNED
TO HOSPITAL retained by t TO FUNERAL should be det with the Stote			MAT, MO	0-	22e. ADDRESS 831 5160	NIVERS SPRIN	iTY BIVE
20/BP		Burial  Burial	23b. DATE Sept. 5,19			Clinton	P.G. Maryland
DHMH - 16 50M 1/81 (VRA 15, 4)		INERAL DIRECTOR  NAME  TUNTT Funeral	l Home Wald	lorf, Ma		SEP 4 1981	25 of GISTRAR'S SIGNATURE ATTHEN

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death certificate be

OR ATTENDING PHYSICIAN: The

TO HOSPITAL

retained by the hospital or attending physician

			STATE OF MARYLAN	ND
		DEP	ARTMENT OF HEALTH AND M CERTIFICATE OF DE	
A.E.	E IDC *	MAIDDLE	1 4 5 7	0.0175

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1	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HY		6	10	4 6
	ECEASED NAME FIRST	MIDDLE		AST	REG. I		DAY YEAR	2b HOUR
(TYF	JOSEP H	1 =	m	HLLINS	Santami		1001	11
3. SI		4. RACE	5 DATE O		Septemb		1981	IF UNDER 24 HRS
	Male	Caucacian	MONTE		86	^	MONTHS DAYS	HOURS MIN.
	SIRTHPLACE (STATE OF FOREIGN	Caucasian  7b. CITIZEN OF WHAT COUNT	TRY? 8		9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	onnecticut	United Stat	MARRIE	D NEVER MARRIED	1			
_	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	JRSING HOME	DROTHER INSTITUTION	Montgome	ry Co	un ty	OF BUSINESS OR
S	ilver Sprine	(IF NOT IN SUCH FACILITY, GIVE S	STREET ADDRESS)		Mechanic	ORWORKING LIFE	E) INDUSTRY	
	JAL RESIDENCE (IF NURSING FOME OF STATE NO COUR		Hospi	tal	Engineer		Eng1	neering
13a.				136 INSIDE CITY LIMITS?				
	aryland Mont	tgomery Poto	mac	YES X NO	8905 Woo	den_B	ridge	Road
	FIRST	MIDDLE LAST		FIRST	WIDDIE		LAS	
14.	James WAS DECEASED EVER IN U.S. AR		lins	Ellen	ADDI	orc c	Han	son
		VE WAR OR DATES)	8 - 2552	Mr. Hugh I Same as it		on,		
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse ioi, stoling the underlying couse lost  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSI  (b)  DUE TO, OR AS A CONSI  (c)  CONDITIONS CONTRIBUTING  19b. CONDITION FOR WE	EQUENCE OF  TO DEATH BUT  HICH OPERATIO	2'2 Dek N WAS PERFORMED	RMINAL DISEASE OR COI	NDITION GIVE 20b. IF YES, IN CERTIFY YES	EN IN PART 116  , WERE FINDIN  YING CAUSES	o NGS USED
	OR CONTRIBUTING CAUSE OF DEA	210	DAY YEAR					
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FICE, FARM, ETC )	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
	220. I certify the (1) whis hospi sow the deconomy of the control	winw the body offer death.	19		MEDICAL STA	AFF ICIAN []		
		EN15AUM		KE	115/167		up.	20595
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	Sept.		EMETERY OR CREMATORY	CITY OR TOWN	nd Ma	county arylan	STATE
	Iomes P.A.	rt A. Pumphar	ey Fun	eral 250 \$	EP 14 1981		RARSIGNAT	

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fishauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the medi

MPORTANT. If Hem 21 is marked or Hem 18 shows any

P.A., Bethesda, Maryland

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYD	REG. N	2	4 3	4 3
	CEASED NAME	FIRST		MIDDLE	L	AST	20 DATE OF DEATH		DAY YEAR	2b. HOUR
(TYP	E OR PRINT)	Yance	У	Α.	MUNN		September	17	1981	6:08A M
3 SE	X	4.	RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEA	R IF UNDER 24 HRS
	Male		Caucas	ian	Feb		32	YR	MONTHS DAYS	HOURS MIN.
7a B	IRTHPLACE (STATE OR	OREIGN 76	CITIZEN OF	WHAT COUNTRY?	В	877	9 BALTIMORE CITY C			
	South Caro	lina	USA		MARRIE	D NEVER MARRIED D	Montgomer			
	ITY OR TOWN OF DEA		1. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	17g USUAL OCCUPATI	0	12h KIND	OF BUSINESS OR
	Bethesda		Natio	nal Naval	Medi	cal Center	U. S. Coa	F WORKIN	G LIFE) INDUSTR'	Y
13a.	AL RESIDENCE (IF NURS STATE lorida	136 COUNTY Hills	Y	131. CITY OR TOW Apollo B	Ν	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	61		
_	ATHER'S NAME		5010	INPOTTO D	eacii	YES NO XX	6205 Fire	fly	Lane	
	William	MI	DDLE	LAST		FIRST	MIDDLE		į,	AST
				Green		Ruby			Burke	tt
160 \	WAS DECEASED EVER YES, NO OR UNKNOWN) Yes			166 SOCIAL SECU		17 INFORMANT	ADDRE	:55		
	Yes	1975-	NAR OR DATES)	249 90	5521	Susan H. Mu	nn See ite	m 13		
	Conditions, if ony, gove rise to improve couse (o), stofin underlying couse	nediote ig the	(b)_	R AS A CONSEQUE  Dissemir  R AS A CONSEQUE	ated	embroynal ca	arcinoma			
TION						NOT RELATED TO THE TERM				
CERTIFICATION	19a DATE OF OPERA				OPERATIO	n was performed	200 AUTOPSY? YES X NO	IN CE	yes, were find rtifying cause yes 🔀	S OF DEATH?
	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEATH		OF INJURY .M. MONTH DA .M.	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM	18 PART 1 OR PART 2)	
MEDICAL	21d INJURY OCCUR!	OLE		OF INJURY REET, FACTORY OFFICE, F.	ARM ETC )	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	22a I certify that (V sow the decease above, (I) (we) (c				July 81 or	d that in (n/) (our) opinion	to Sept.  death occurred on the do	17 ote ond	19. 81 hour and from the	, that (h (we) lost e couses stated
	226. SIGNATURE		al //	/ 0		DEGREE			22c. DAT	ESIGNED
	R	stt (	T XO	und .	mb		MEDICAL STAR		Sep	t. 17 198
	22d PHYSICIAN'S NA	,				22e ADDRESS	7 10 10			1 1 2
	Kasts	tis Ka	rvelis	M.D.		National Nav	val Medical	Cen	ter. Bet	hesda. M

BP.

should be detached for use as the burial-transit permit. Then please remove c with the State Dept. of Health and Mental Hygiene prior to burial, cremation. TO FUNERAL DIRECTOR. After this certificate has been signed

IMPORTANT: If Item 21 is marked or Item 18 shows any

DHMH - 16 50M 1/B1 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 236. DATE -22 -1 981 23c NAME OF CEMETERY OR CREMATORY Ruskin Memorial

23d LOCATION
CITY OR TOWN
Ruskin, STATE

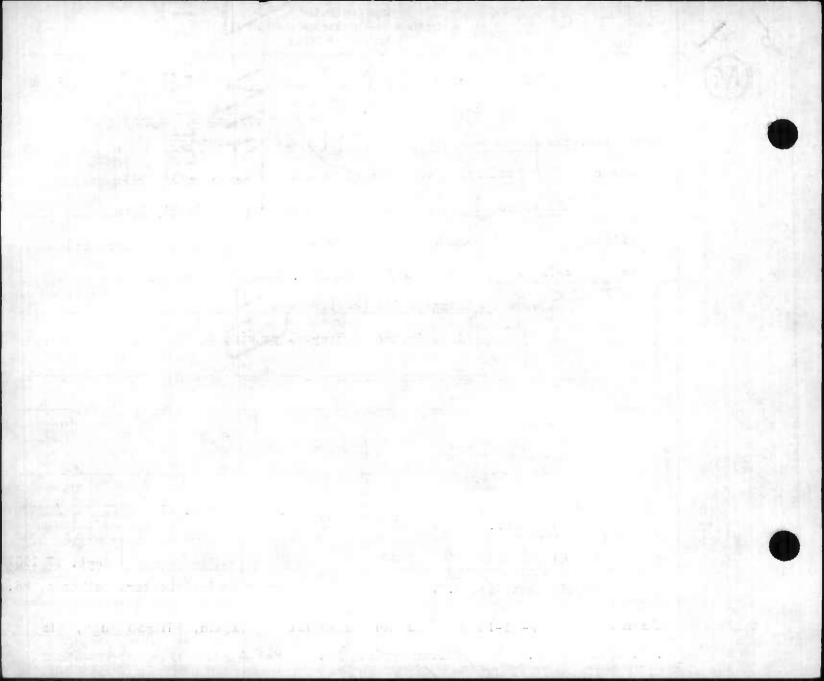
LSKIN, Hillsborough, Fla

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE

W. Chambers Co.

Silver Spring, Md.



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MPORTANT

be o. Stote FUNERAL

should be

MEDICAL

23g. BURIAL CREMATION

24 FUNERAL DIRECTOR

236 DATE

entol Item

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 2a. DATE OF DEATH MONTH 2b HOUR TYPE OR PRINTS Stella -22 AGE (IN YEARS LAST BIRTHDAY) 3 SEX IF LINDER 1 YEAR IF LINDER 24 HRS MONTH 1896 5 E MAI To. BIRTHPLACE TATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY DIVORCED GOMERY NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR NOT IN SUCH FACILITY, GIVE STREET ADDRESS PE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY TON HousewiFe JSUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13h COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 306 DWI WAYNE YES [ NO 15 MOTHER'S MAIDEN NAME MIDDLE OMBS ARMED FORCES? 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) D See 3 E APPROXIMATE INTERV 18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF ends Gentin Conditions, if ony, which gove rise to immediate course in stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) CERTIFICATION

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION AT HOME, STREET FACTORY, OFFICE, FARM ETC ) CITY OR TOWN COUNTY STATE NOT WHILE WHILE 220 I certify that/(1) (this hospital) attended the deceased from saw the decemed along on 11 and that in/(my) (our) opinion death occurred on the date and hour and from the causes stated above (II) we idid (did not) were the body ofter death 17b: SIGNATUR DEGREE 22¢ DATE SIGNED

22e ADDRESS

NAME OF

ATTENDING

PHYSICIAN

emonia

MEDICAL

STAFF

250 DATE REC'D. BY REGISTRAR 256 REGISTRAP GIGNA (I)

STATE

VA

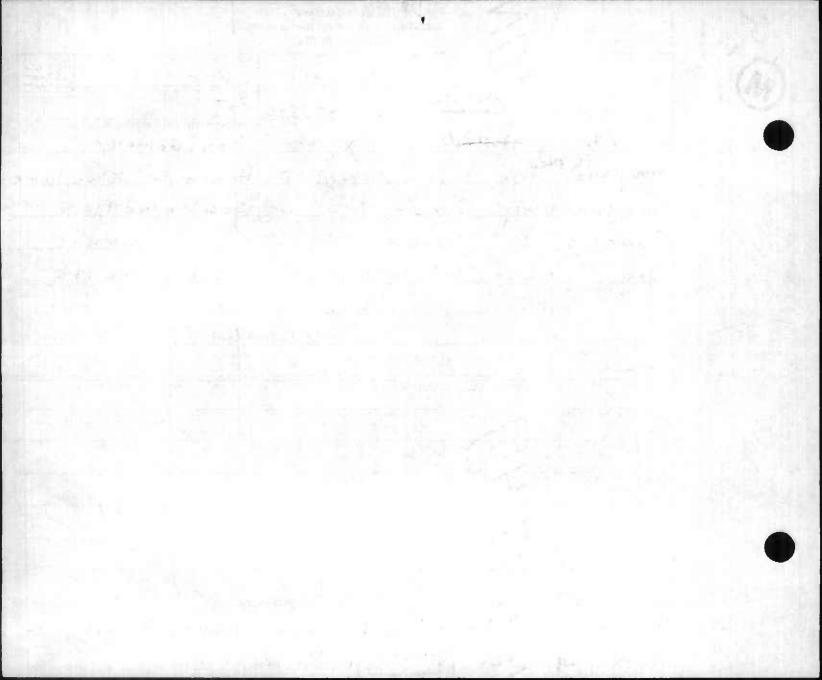
DIRECTOR PHYSICIAN

RBANON

DHMH - 16 50M 1/81 (VRA 15, 4)

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DIRECT



and completely filled in by the transcript and 2 should be filled with

n signed by the attending physician Then please remains

should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial. cremotion, ar removal. this certificate has been

IMPORTANT: If Item 21 is morked or Item 18 shaws any

injury, ar other troumotic event, th

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# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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3 4

1	REGISTRAR			CERTI	FICATE OF DEATH		REG. NO	D.		
	DECEASED NAME FIRST		MIDDLE		LAS1	2a. DATE O	FDEATH		DAY YEAR	26 HOUR
L	ROSE			MYE	RSON	Sep	t. 16	, 1	981	2:45a.
3.	SEX	4 RACE		5. DATE	OF BIRTH		YEARS LAST BIRT		MONTHS DAYS	
	Female	Wh	ite		. 15. 1889		91	YRS	MONTHS DATS	HOURS MIN.
70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMO	ORE CITY O		Y OF DEATH	
	New Jersey	US	A	WIDOW			Monto	rome	rv	M
10	CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL	OCCUPATION FOR MOST OF	NC	12h KIND	OF BUSINESS OR
	Rockville				Greater Wash		ousew		IFE) INDUSTRY	
V:	STATE IT NURSING HOME OF		GIVE RESIDENCE BEFORE			13e STREET				
	100	ntq,	Rockvi		YES XX NO			11i	ns Ave	nue
14.	FATHER'S NAME	WIDDLE			15 MOTHER'S MAIDEN NAM					
	Leib	WIDDLE	Levins	22	Rebeka		WIDDIE		Levin	SON
16	WAS DECEASED EVER IN U.S. A		166 SOCIAL SECU		17 INFORMANT		ADDRE	SS	20111	Md.
	NO	GIVE WAR OR DATES)	579-03-4	352	Ruth: Lukens;	6432	Banno	rkhur	n Dr. I	
F	18 CAUSE OF DEATH (Enter of	anly one couse per			111111111111111111111111111111111111111	0.100	2011110	31130 (41		XIMATE INTERVAL I ONSET AND DEATH
	PART 1. DEATH WAS CAUS	ED BY			PTICEMIA					Veek
	4240 MMEDI	ATE CAUSE (0)							1 -	reex
	Conditions, if any, which	DUE TO, O	R AS A CONSEQUE	NCE OF	PRESSURE ULC	ETR				
	gove rise to immediate	) 161			11455014 0201					
	underlying couse lost		R AS A CONSEQUE	NCE OF	CEREBRAL THRO	OMBOSI	S			
	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	EATH BUI	NOT RELATED TO THE TERMI	IN AL DISEAS	E OR CONF	ITION G	VEN IN PART 1	(a)
2			SEVERE DE			IIVAL DIJLAS	IE OR CONE	/IIION GI	VENTINEART	10
CEPTIEICATION	190 DATE OF OPERATION				N WAS PERFORMED	20a AUT	OPSY?		S, WERE FIND	
Jair Jair						YES 🗀	NOX		FYING CAUSE	S OF DEATH?
9	210. ACCIDENT WAS UNDERLYING	No 21b. TIME C	F INJURY		21c HOW INJURY OCCURR			1		,,,,
		LAIN	M. MONTH DA	Y YEAR						
MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION					
3	WHILE NOT WHILE AT WORK	(AT HOME ST	REET FACTORY, OFFICE FA	ARM, ETC )	STREET		CITY OF TOV	VN	COUNTY	STATE
L	220.1 certify that (I) (this has	oital) attended th	e decensed from	May	18, 10 77	. S	ept.	16.	10 81	that (I) (we) last
	220.1 certify that (1) (this hasp sow the deceased alive a	Sept.	16, 198	1	nd that in (my) (our) apinion d					
	obove, (I) (we) (debt-debt in	iot) view the body	of death	-	DEGREE					SIGNED
	DE	100	10 7	100	ATTENDING PHYSICIAN X	MEDICAL	STAF	F	9/16	
1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	10	4	PHYSICIAN 4	DIRECTOR	☐ PHYSICI	IAN 🔲	1 3/16	)\ OT
1	D 7	ם מעוד כי	T 14 D				n 4			
_									P 4 4 7 7 A	
23	BURIAL, CREMATION, REMOVA		L, M.D.	IAME OF C	6121 Monta	rose		Roci	kville	, Ma.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After

TO HOSPITAL OR ATTENDING PHYSICIAN. The retained by the hospital or attending physician

> 250. DATE REC'D. BY REGISTRAR 256 REGISTRANS
> SEP 181981 24 FUNERAL DIRECTOR FUNERAL DIRECTOR
> NAME
> Danzansky-Goldberg Chapels; 1170 Rockville Pike

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	R ATTENDING PHYSICIAN: The low requires that the death certificate be executed with
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and Mental Hygie Item 18 sho

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MPORTANT:

CERTIFICATION

MEDICAL

FOR - STATE

(TYPE OR PRINT)

7a BIRTHPLACE

D.C.

14 FATHER'S NAME

Simon

(YES NO OR UNKNOWN)

Conditions, if any, which gove rise to immediate

21d. INJURY OCCURRED

23a. BURIAL, CREMATION, REMOVAL

COUNTRY

10. CITY OR TOWN OF DEATH

ISUAL RESIDENCE (IF NURSING III

WHEATON

I STATE OR FOREIGN

3 SEX

REGISTRAR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH 2h HOUR MONTH YEAR JULIUS 2 NACHMAN IF UNDER 1 YEAR 4 RACE DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH 1899 23 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED 115A MONTGOMERY WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY UNIVERSITY NURSING REAL ESTATE BROKER Real Estate OUNTY 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Washington 5415 Connecticut Ave. N.W. YES K 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Nellie Rafelman Nachman ADDRESS Potomac, Md. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 577-14-1352A Barbara Torchin: 8805 Liberty Lane: APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY ASCU D wears IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOKX NO [ 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) MONTH DAY YEAR HOUR A.M. PM 19 21f. LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) mAY

cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10 I DATE OF OPERATION 71a ACCIDENT WAS UNDERLYING OR CONTRIBUTING T CAUSE OF DEATH LIE EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE 22a. | certify that (1) (this haspital) attended the deceased from sow the deceased of the and that in (my) (each) opinion death occurred on the date and hour and from the causes stated above, (1) (we) idid (old not) view the bady after death

22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 724 PHYSICIAN'S NAME

MYRON LENKIN

9-20-1981

2309 SHOREFIELD DR WHEATON, M 23c. NAME OF CEMETERY OR CREMATORY

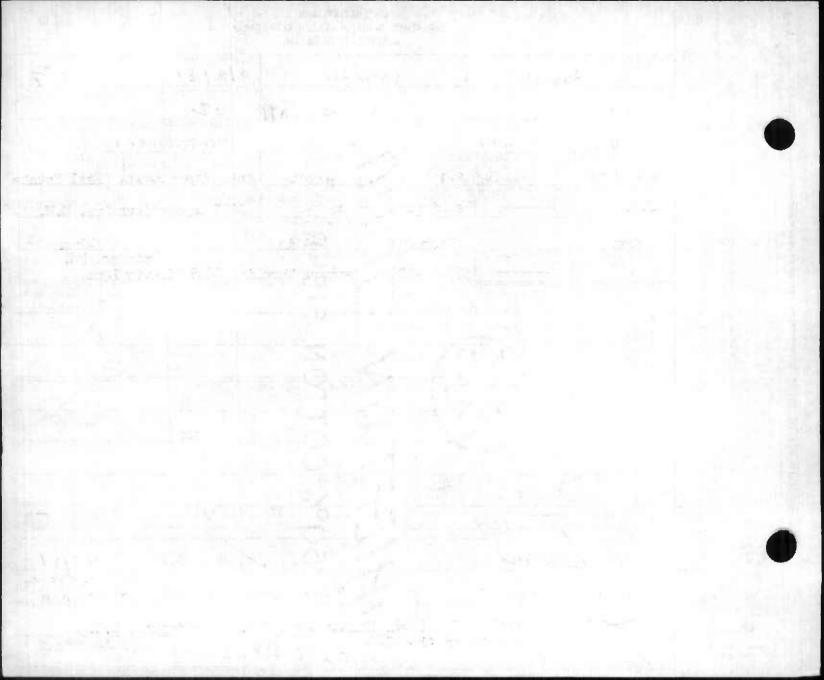
Washington.

Burial Wash. Hebrew Cong. Cen. 24 FUNERAL DIRECTOR Danzansky-Goldberg Chapels

23b. DATE

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECT should be detached fixed with the State Dept. of



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fune should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled within with the State Dept. of Health and Mental Hygene prior to burial, cremation, or removal.

FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENES  CERTIFICATE OF DEATH	REG. NO.	2	4	3	4	
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					REG. NO		
	CEASED NAME FIRST	WIDDLE	LA	ST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR AN
	JOH	IN R.		NEALE, SR	. September	9,1981	11:25
3. SE	X	4 RACE	5 DATE O	FBIRTH 254	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDE	RIYEAR FUNDER 24 HRS
_	Male	Caucasian		1912	69	YRS	DATS HOURS MIN.
7a BI	IRTHPLACE   STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8.	NEVER MARRIED	9 BALTIMORE CITY O	_	ATH
2.2	ashington. D	.C. States	WIDOWE	A.	Montgomer	ry	. A - A - MC
10 CI	Bethesda	11. NAME OF HOSPITAL, NURSI SUBURBAN HOS			12a USUAL OCCUPATION OF THE EXECUTIVE	F WORKING LIFE) IND	KIND OF BUSINESS OR BUSTRY anking
	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE BEFOR		TALL BUSINESS CITY III.	Vice Pres	ident	uniking
		tgomery Bethes		YES NO [	13e STREET ADDRESS 5606 Dur	bin Roa	d
14 FA	ATHER'S NAME			15 MOTHER'S MAIDEN	NAME		
	James	F. Neal	le	Lucy	B.		Cox
-	WAS DECEASED EVER IN U.S. A			17 INFORMANT	ADDRE		0011
(	Yes no or unknown) (IF YES GI	II 579-01	-5066	Sara G.	Neale	Same a	s 13
CERTIFICATION	190. DATE OF OPERATION	DUE TO, OR AS A PUSEOU 10)  CONDITIONS CONTRIBUTING TO	JENCE OF J	N WAS PERFORMED	RMINAL DISEASE OR CONI  200 AUTOPSY?  YES \( \text{VOXXX}\)	206. IF YES, WERE IN CERTIFYING (	FINDINGS USED CAUSES OF DEATH?
MEDICAL CE	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE		AY YEAR	2) EHOW INJURY OCC	URRED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART   OR	PART 2)
-	21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION			
MED	WHILE NOT WHILE AT WORK	TATTIONE STREET PACTORT OFFICE	FARM, ETC.)	STREET	CITY OR TO	WN CO	UNIY STATE
MED	270.1 certify that (1) (this hasp saw the deceased alive a above (1) we (did) (did no 27b. SIGN (1) III	oital) attended the deceased fram.	9/1,	d that in (my) (our) opinion	on death occurred on the do	19	, that (i (we) la

DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL

Robert A. Pumphrey Funeral A. Bethesda, Maryland Homes, P.A.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

-if's two ... and address and the same of th show Zi an same since of and don't-lo-give limit so' Charles and the contract of th The Mark of the year of the series of the series 25 Aug 25 25 21 936

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR			CEKIII	ICATE OF DEATH	REG. N	0.		
		CEASED NAME FIRST Virgini		Lee		MAN	Sept.	23	1981	26 HOUR 8:29A
	3 SE	emale	4. RACE Caucas	ian	5 DATE O		6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DATS	IF UNDER 24 HRS
5		RTHPLACE (STATE OR FOREIGN COUNTRY)  aryland	USA	WHAT COUNTRY?	MARRIE WIDOWE	D X NEVER MARRIED .	BALTIMORE CITY O     Montgomery	_	Y OF DEATH	MD.
Ä	В	ethesda	Nati Nati	onal Nava	1 Med	or other institution lical Center	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Home make)			F BUSINESS OR
7	13a S	AL RESIDENCE (IF NURSING HOME OR IT TO THE TABLE OF THE T	TY	GIVE RESIDENCE BEFORE 136 CITY OR TOWN Bethesda		13d Inside City Limits? Yes 🖔 No 🗌	7312 Mill	wood	Road	
d	14 FA		P.	Baker		Nettie	WE		Bromwe	11
		VAS DECEASED EVER IN U.S. ARA YES NO OR UNKNOWN) (IF YES, GIVE NO	MED FORCES? WAR OR DATES)	166 SOCIAL SECUI		William Newn	an See ite			
,		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF Carcinoid metastatic to liver  DUE TO, OR AS A CONSEQUENCE OF Carcinoid metastatic to liver  DUE TO, OR AS A CONSEQUENCE OF CARCINOID TO, OR AS A CONSEQUENCE OF CARCINO TO, OR AS A CONSEQUENCE OF CARCINOID TO, OR AS A CONSEQUENCE OF CARCINO TO, OR AS A CONSEQU								
	CERTIFICATION	PART 2 OTHER SIGNIFICANT C				NOT RELATED TO THE TERM	100 AUTOPSY?		VEN IN PART 310	
>	RTIFIC						YES NOTE	IN CERTI	FYING CAUSES ES []	
,	MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATHER NOTIFY MEDICAL EXAMINER)	n		Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	81 MATI MI YE	PART OR PART 2)	
	MED	21d INJURY OCCURRED  WHILE OF NOTWHILE OF NORK		REET, FACTORY OFFICE, FA		211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
j		220.1 certify that (V (this haspit saw the deceased alive or above, (V (wested) (det)	Sept.	23 19 8	<u>ept.</u>	nd that in (m) (our) apinion (	to Sept. 2	ote and ho	ur and from the	that (f. (we) lost couses stated
		226. SIGNATURE	f to	cenf.		DEGREE  ATTENDING PHYSICIAN  122e ADDRESS	MEDICAL STAI DIRECTOR PHYSIC		Sept.	SIGNED 23,1981
		Kastytis K		M.D.		National Nav	al Medical	Cent	er, Beth	nesda,Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: should be detached to with the State Dept. o IMPORTANT: If Item 2

the buriol-tronsit permit. The ond Mental Hygiene prior to

230 BURIAL, CREMATION, REMOVAL Burial

Sept.25

23c NAME OF CEMETERY OR CREMATORY Arlington National

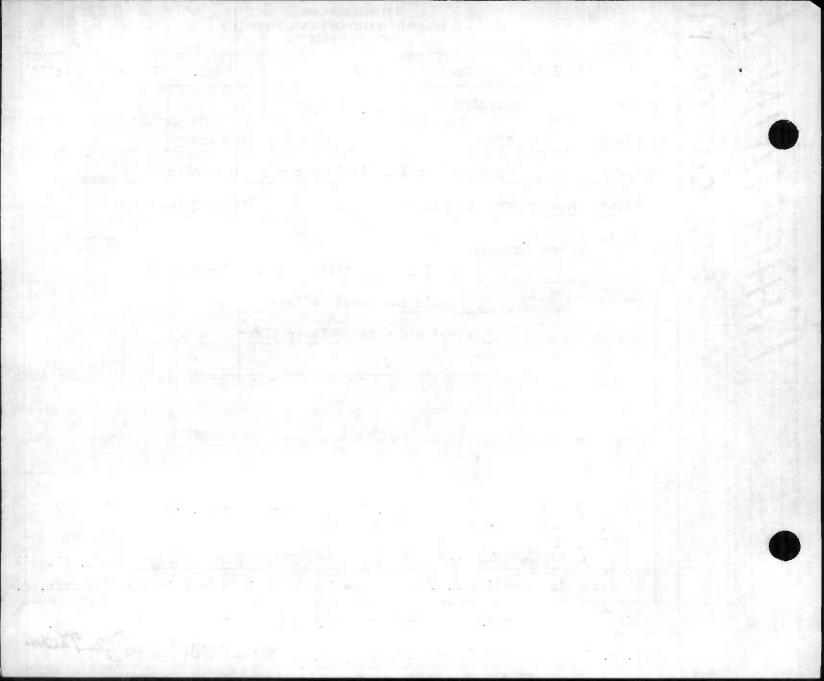
23d. LOCATION
Arlington

Arlington\_

24 FUNERAL DIRECTOR

Robt. A. Pumphrey Funeral Home Bethesda, Md.

SEP 2 9 1981



nding physicion ond completely filled in by thi carbonpopers. Pages 1 and 2 should be filed w

1	1	3	r	-

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

Lu	ling	0	64	1

FOR STATE REGISTRAR		DEPARTN		EALTH AND MENTAL HYO ICATE OF DEATH	GIENE REG. NO	Lan Con	0	
DECEASED NAME FIRST		MIDDLE	ı	AST	to brite of bering		AY YEAR	2b HOUR
(TYPE OR PRINT) KURT		NI	EDER	LEHNER	SEPTEMBER	. 26,	1981	5:21am
3 SEX	4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIRTI		IF UNDER 1 YEAR	
Male	Whi	te	Nov.	9 1906	74	YRS	ONTHS DAYS	HOURS MIN
To BIRTHPLACE ISTATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D X NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH	
Germany	USA		WIDOWE		Montgomer	У		MD.
ID CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	R OTHER INSTITUTION	120 USUAL OCCUPATION	DN	12h KIND C	OF BUSINESS OR
Olney	Montgo	omery Ge	nera	1 Hospital	Mavflower		Capt	
USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 136 COL	OR OTHER INSTITUTION	GIVE HAPENE TEST	AMISSION)	ANAL INICIDE CITYLINITCO	13e. STREET ADDRESS	HOLET	Luapt	alli
Md. Mon		Oliey	1,12	13d INSIDE CITY LIMITS?	18711 Min	k Hol	low Dd	
14 FATHER'S NAME				15 MOTHER'S MAIDEN NA	AME	K HOL	TOW KO	1
Mathes	MIDDLE	Niederle	hner	Aguste	Karoli	ne Li	lienth	าลใ
160 WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b SOCIAL SECUI		17 INFORMANT	ADDRE		1101101	141
None (YES, NO OR UNKNOWN)	VE WAR OR DATES)	579 01 7	005	Frun Nieder	lehner(Wife)	Como	oo obo	
18 CAUSE OF DEATH Enter of				Elva Miedel	remer (wrie)	Same a		XIMATE INTERVAL I ONSET AND DEATH
	gove rise to immediate couse 101, stating the DUE TO, OR AS			frem	clesosis			
PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER/	minal disease or conf	DITION GIVE	EN IN PART 1	10
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 COND	ITION FOR WHICH	OPERATIO	n was performed	200 AUTOPSY?			INGS USED S OF DEATH?
	EAIN	M. MONTH DA	Y YEAR	21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PA	RT 1 OR PART 2)	
OR CONTRIBUTING CAUSE OF D  (IF EITHER, NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED  WHILE	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	FICE, FARM, ETC.)  211 LOCATION STREET		CITY OR TOW	IN IN	COUNTY	STATE
220.1 certify that (1) (this has sow the deceased of directions	7	124/ 19/	27	nd that in (my) (our) opinion	death occurred on the de	ste and hour		
22b. S IC NATION	LL			DEGREE ATTENDING PHYSICIAN	MEDICAL STAP		9/2	6/8/
22d PHYSICIAN'S NAME (TYPE				13975 C.	onn.Ave. S	.S.Md		

DHMH - 16 60M 1/75

OR ATTENDING PHYSICIAN: The

(VR A 15 (4))

TO FUNERAL DIRECTOR. After this certificate has been signed by should be detached for use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial.

IMPORTANT: If Item 21 is marked or Item 18 shows ony

236. DATE 9/29/81 23¢ NAME OF CEMETERY OR CREMATORY

STATE

Lee's Crematory

73d LOCATION
CITY OR TOWN
Washington, D. C.

Cremation 9/29/81 Lee's Cre
Printed Director
Hines/Rinaldi F.H.11800 N.H.Ave.S.S.Md.

230. BURTAL, CREMATION, REMOVAL (SPECIFY)

requires that the death certificate be

# and campletely filled in 15. the Unertal Pages 1 and 2 shavld be 11 st willier?

IMPORTANT: If them 21 is marked ar Item 18 shaws any injury, ar ather traumatic event, the medical exam

please remave carbanpapers. Pages 1

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbonopapers. P with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

FOR - STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

1	6	0	3	1	
20 100					

		REGISTRAR		CERTII	ICATE OF DEATH	REG. N	0.		
	1. DEC	CEASED NAME FIRST	Josepl	MODIE A. A.	Norris	20 DATE OF DEATH		DAY YEAR	2b HOUR
	(	JOSEF	_	MOR		Sextem b	e + (	6 '81	3390
	3. SE)		4 RACE	5. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
3		Male	Whit	te Jan.		68	YRS.	MONTHS DAYS	HOURS MIN.
1	a⁄ti. BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8	DXX NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
1	M	aryland	USA	WIDOW	ED DIVORCED	SILVER	COR	Monte	gomery
7	10 CI	TY OR TOWN OF DEATH	11. NAME OF H	HOSPITAL, NURSING HOME (	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ON	12b KIND O	F BUSINESS OR
7	Si	Iver Spring MD	Holy	Cross Hospi	ital	Self Empl	oyed	Reti	red
1	13a. S			I30. CITY OR TOWN  S.S.	134 INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 10610 Kir	loch	Road	
7		THER'S NAME FIRST	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	ME		LAS	
-	E	ugene	L.	Norris	Anna	С.			ders
		AS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRE	SS		
		None		578 01 9624	Muriel B.	Norris (Wi	fe)S	ame as	above
		18 CAUSE OF DEATH (Enter a		line far (a), (b), and (c).		_		APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSI	TE CAUSE (a)	ARCINOMA of	+1- LUNG,.	quamous c	,e	60	MONTHS
		1629	DUE TO, OF	R AS A CONSEQUENCE OF		0			
		Canditians, if any, which	( (b)						
		gave rise to immediate cause (a), stating the	DUE TO, OF	R AS A CONSEQUENCE OF					
		underlying cause last	(c)				-36		
	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	INTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	OITION GIV	EN IN PART 110	
	CERTIFICATION								
	ICA	19a. DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		YING CAUSES	
	RT I					YES NO	YE	s 🗌	NO 🗌
,		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216 TIME OF	M. MONTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	IY IN ITEM 18 P	ART I OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE							
	MED	21d INJURY OCCURRED  WHILE NOT WHILE	21e. PLACE C	OF INJURY EET, FACTORY, OFFICE FARM ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		AT WORK AT WORK							
		220.1 certify that (1) (this hasp		21	R-CH 1981	ta			that (I) (we) last
		saw the deceased alive ar abave, (I) (we) (did) (did no		after death.	nd that in (my) (aur) apinian	death accurred an the do	ite and hau	r and fram the	auses stated
		226. SIGNATURE	a +		DEGREE		_	22c. DATE	
		Marcen y car	Per	m J	The state of the s	MEDICAL STAF	IAN	SEPT	.6,981
		22d. PHYSICIAN'S NAME (TYPE)		OCAT	22e ADDRESS 8630	FENTO	N 57	T.	
			J.AL	react	SILVER	SPRING	-, M	R. 2-091	0
	23a. Bt	JRIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	
Н	F	Burial	9/9/8	1 Cate	of Heaven	CC	Moz	at Ma	ry 1 and

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

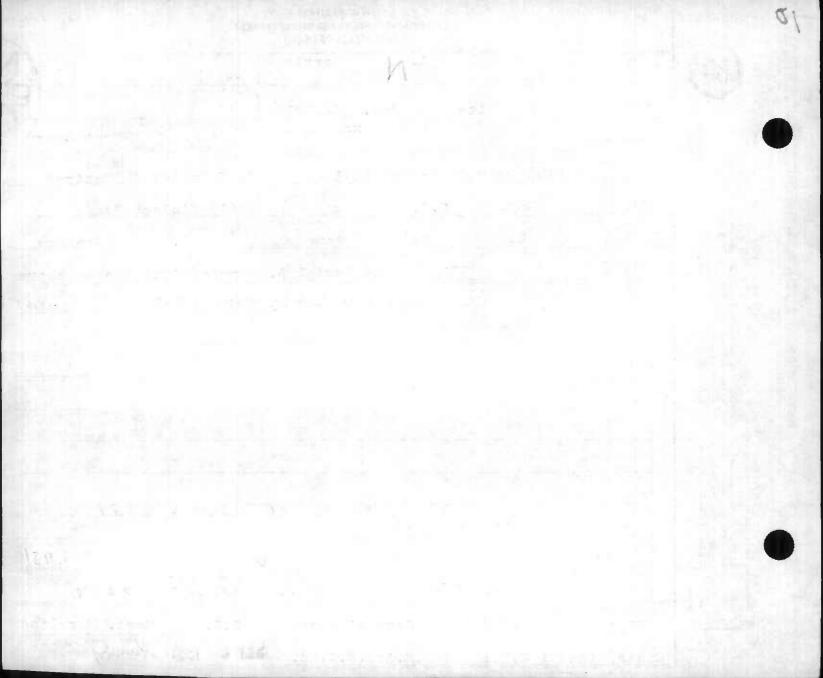
TO HOSPITAL OR ATTENDING PHYSICIAN: The law

retained by the haspital ar

PARTIES ADDRESS H. Ave. S.S. Md

25a. DATE REC'D.

BY REGISTRAP 256 REGISTRAP'S SIGNATURE MATTER



completely filled in by the funeral 1 and 2 should be filed within 72

attending the

certificate has been sign and Mental Hygiene prior marked or Hem 18 shaws

of Health and A

should be detached with the State Dept.

MPORTANT: If the

MEDICAL

PHYSICIAN. phys

OR ATTENDING

HOSPITAL

	1 - STATE REGISTRAR	STATE CENTERCATE OF PEATH			
1	1. DECEASED NAME (TYPE OR PRINT)	MIDDLE W	NUNN	20. DATE OF DEATH	09 10 81 10 7
3	3. SEX HALE	NEGRO	5 DATE OF BIRTH MONTH DAY  ST 2 19//	6. AGE (IN YEARS LAST BIRTI	MONTHS DAYS HOURS MIN.
	70. BIRTHPLACE (STATE OR FOREIGN  COUNTRY)  CAROLI NA		MARRIED MEVER MARRIED WIDOWED DIVORCED		COUNTY OF DEATH NTGOHERY CO. M
П	O. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUF (IF NOT IN SUCH FACILITY, GIVE ST UNIVERSITY	RSING HOME OR OTHER INSTITUTION REFLADORESS)  NURSING HOME	(TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY
	USUAL RESIDENCE (IF NURSING H. 130 STATE	INTY 13c CITY OR T		13e STREET ADDRESS	MISSOURIAL
1	SA M	MIDDLE KENN	EAY LOTTIL	AME MIDDLE	NUNNI
7	WAS DECEASED EVER IN U.S. A  (YES NO OR UNKNOWN)  (1) YES, G	RMED FORCES? 166 SOCIALS  WAR OF DATES  Z45-1	ECURITY NO. 17, INFORMANT	NUNN 4	22 Jefferson V.C
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE  (b)  DUE TO, OR AS A CONSE  (c)	CH.I.  QUENCE OF  QUENCE OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
-	PART 2 OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING		TO DEATH BUT NOT RELATED TO THE TER	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
-	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCU	YES NO	YES NO

210. ACCIDENT WAS UNDERLYING 21d. INJURY OCCURRED

216. TIME OF INJURY YEAR HOUR A.M. MONTH DAY P.M. 19

211 LOCATION

21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (I) (In from II) attended the deceased from saw the deceased of Jan 8-10 19

COUNTY STATE CITY OR TOWN

saw the deceased all above, (1) (we) nat) view the bady after death.

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

22e ADDRESS

230. BURIA

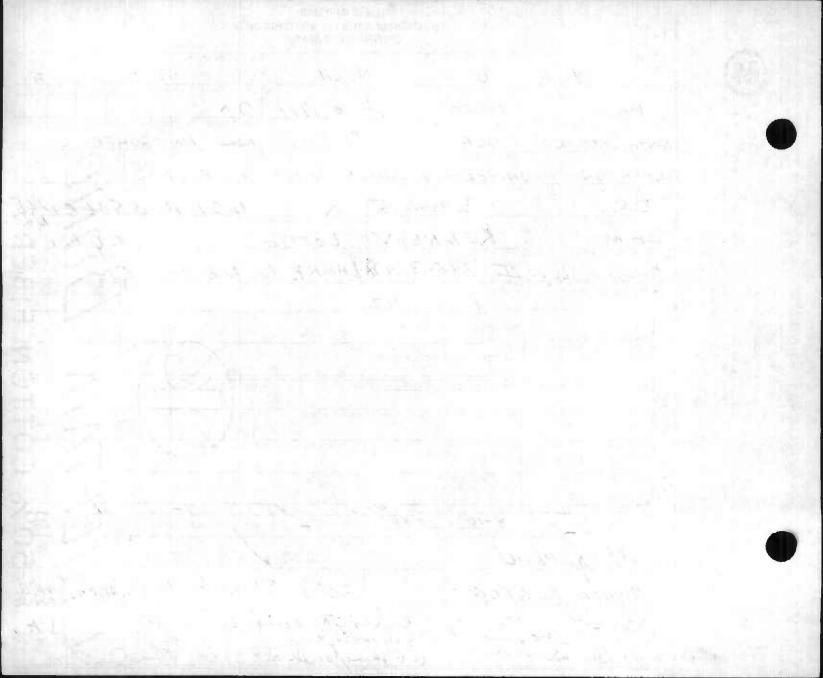
DEGREE

and that in (my) (am) apinion death occurred on the date and hour and fram the causes stated

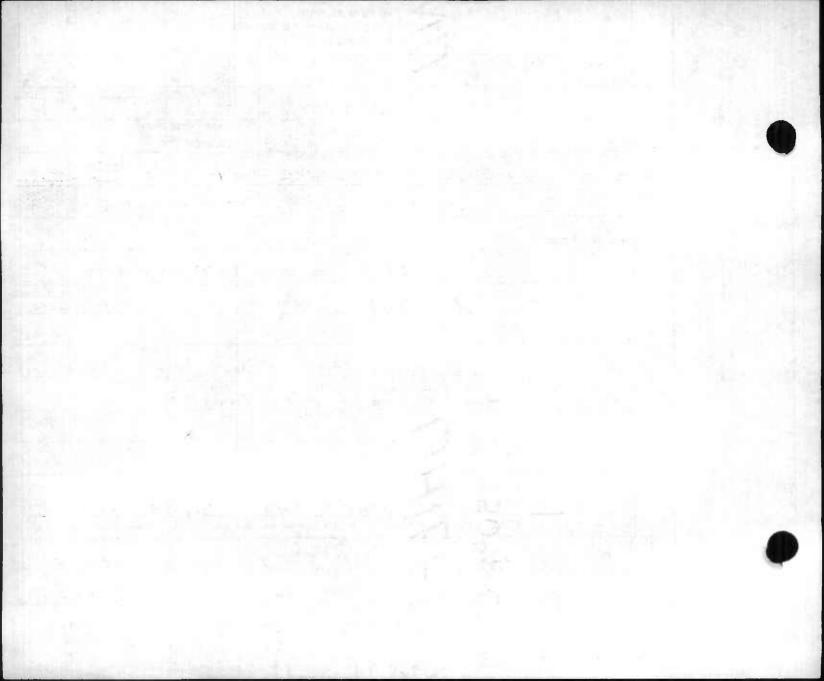
BP. DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR: etained by the haspital

THE STRAR'S SIGNATURE



To	1.	FOR - STATE REGISTRAR		DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	4 3 5 2
noy be page 3		CEASED NAME FIRST WE		MIDDLE P.	Niese	Nusbaum Oduul	2a. DATE OF DEATH, MONTH	8/ YEAR 26 HOUR 5:28
Page 4 ma		Male	4 RACE Whit	e	5. DATE O		6 AGE (IN YEARS JAST BIRTHDAY) 73	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
deoth. P. deoth.	Ma	IRTHPLACE (STATE OR FOREIGN COUNTRY)  Aryland	USA	WHAT COUNTRY	MARRIE		Montgomery	
by the f	Ta	akoma Park	Washi	ngton A	dventis	or OTHER INSTITUTION St Hospital	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKIN HORT Culturist	IZE KIND OF BUSINESS OR Park Services
AND 217	130 I	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUN Md. PG	OTHER INSTITUTION	GIVE RESIDENCE BEFO 136. CITY OR TO Adelph:	WN	13d INSIDE CITY LIMITS? YES <b>X</b> NO []	13e STREET ADDRESS 2519 Bucklodg	
, MARYL, ompletely and 2 s	Aı	nthony Nusbaum	MIDDLE	LAST		15 MOTHER'S MAIDEN NAME FIRST Levene	MIDDLE	Smith
TIMORE, be executed on ond consideration or second con	(	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV DNE	MED FORCES?	577 38		Helen Nusbau	address um (Wife)Same a	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN. The law requires that the death certificate be executed within 24 haurs oftending physician.  The this certificate has been signed by the oftending physician and completely filled in by as the burial-transit permit. Then please remave carbon papers. Pages I and 2 should be filled than Americal Hygiene prior to burial, cremation, or removal.  The and Americal Progression injury, or other traumantic event, the medical promine must be accorded or them.	ATION	18 CAUSE OF DEATH IEnter or PART I. DEATH WAS CAUSE  MMEDIAT  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONCEST:	DUE TO, OI  DUE TO, OI  DUE TO, OI  CONDITIONS CO	MYOC RASA CONSEO RASA CONSEO CORO DITRIBUTING TO	UENCE OF  UENCE OF  WARY  DEATH BUT  LOVE	NOT RELATED TO THE TERM	EART DISEAS INAL DISEASE OR CONDITION REGUIS ITETION	GIVEN IN PART 110
SION OF VITAL REC PHYSICIAN. The low ending physician. this certificate has b the burial-tronsit perm ad Mental Hygiene pr d or trem 18 shows or	CAL CERTIFICATION	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME O	F INJURY M. MONTH			YES NO STORE OF INJURY IN JIEM	RTIFYING CAUSES OF DEATH?  YES NO NO
DIVISION C ING PHYSIC r ottending Wher this cer as the buria	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (	OF INJURY REET, FACTORY, OFFICE	FARM ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
IITAL OR ATTENDI by the hospitol or by ERAL DIRECTOR. A e detoched for use Store Dept. of Heol		22a. I certify that (I) (this borp) saw, the deceased alive an above, (I) (we) (aid) (did no 22b. SIGNATURE  22d. PHYSICIAN'S NAME (1YPE O	t) view the body	ofter deoth.	<u>81</u> , or	d that in (my) (our) opinion of DEGREE  ATTENDING PHYSICIAN P  17e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	hour and Irom the couses stated  22c. DATE SIGNED  9-5-81
TO HOSI retoined TO FUN should b	23a E	BURIAL, CREMATION, REMOVAL	236 DATE			METERY OR CREMATORY	23d. LOCATION	le Silver Spring
730 BP		Burial UNERAL DIRECTOR	9/8/8	31 N	<u>leadowr</u>	idge Cemetery	Dorsey Ho	ward Maryland
(VRA 15, 4)	I	Hines/Rinaldi F.	.н.11800	N.H.Ave	2.S S N	SEP	8 1981	O's one



## STATE OF MARYLAND

FOR STATE REGISTRAR			ICATE OF DEATH	(GIENE )   REG. NO	0.	
1. DECEASED NAME FIRST (TYPE OR PRINT) Pe	arl NMI		ssbaum	20. DATE OF DEATH	9/18/ 81	2 PM
3. SEX	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRT	THDAY) IF UNDER 1 YE	
Female	White	Apri		90	YRS.	S HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Poland	76 CITIZEN OF WHAT CO	OUNTRY? 8  MARRIE  WIDOWE	D NEVER MARRIED	Montgon	RCOUNTY OF DEATH MERY County	MD.
10 CITY OR TOWN OF DEATH  Bethesda		n' Hospital		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWI	F WORKING LIFE) INDUSTR	O OF BUSINESS OR
	DUNTY 13c. CIT	pence before admission)  Y OR TOWN  EKVILLE	13d. INSIDE CITY LIMITS? YES 🙀 NO 📋		ntrose Road	d
14. FATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN N			LAST
SHMUEL		RZIG	GELA			HBERG
160. WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	-03-9868D	Bertha Kaso	off; 1131 Uni	versity Bl	vd. West
PART I. DEATH WAS CAL	PIATE CAUSE (a)	tiecu	ia evit duig ga rephera	to Thocage	K L	OXIMATE INTERVAL EN ONSET AND DEATH  A LAYS
PART 2 OTHER SIGNIFICANT OF THE PART 2 OTHER 2	TILLS CONTRIBU	ALC:	NOTHELATED TO THE TER	MINAL DISEASE OR CONI	DITION GIVEN IN PART	1(0)
190 PATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED	20a AUTÓPSY?	20b. IF YES, WERE FINI IN CERTIFYING CAUS YES [	
21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IN EITHER, NOTIFY MEDICAL EXAM)	DEATH HOUR A.M. MC	Y ONTH DAY YEAR 19		JRRED (ENTER NATURE OF INJUR	IY IN ITEM 18, PART 1 OR PART 2	?)
21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJUI (AT HOME, STREET, FACTO		211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
22a I certify that (I) (this has saw the deceased alive above, (I) (we that) and 22b. SIGNATURE	4/10	oth. 19 87 , or	DEGREE ATTENDING	n death accurred on the do	IN. DA	that (I) (we) last he causes stated
274. PHYSICIAN'S NAME (O	SHAH, M.D.		22e ADDRESS 6121 Mo:	ntrose Road	d; Rockvi	lle, Md.

2 2 198

SEP

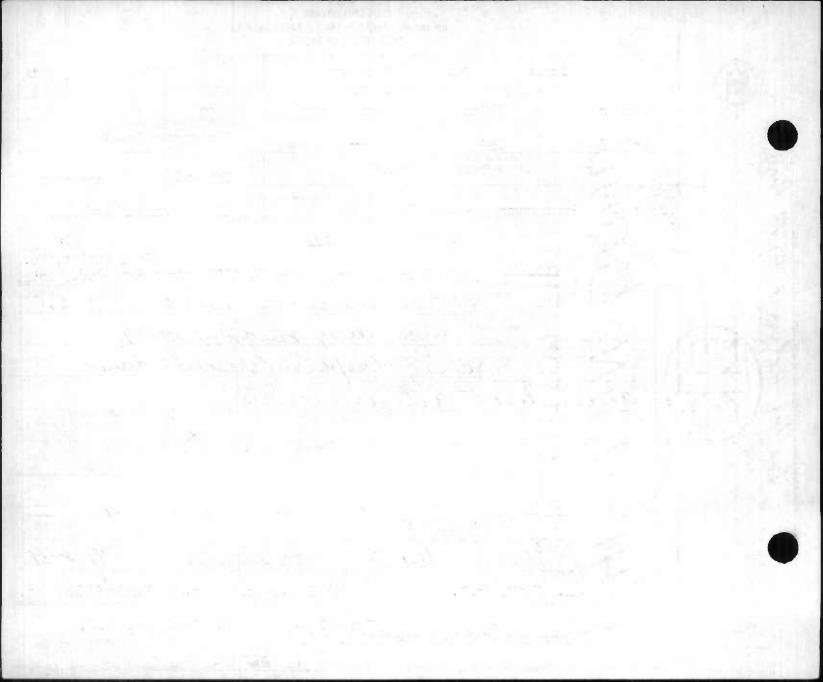
Woodbridge, COUNTY J. 23L NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 81 Beth Israel Cem. Woodbridge, N.J.

1dbe Rgckville, Md. 250 Date Rec'd. By REGISTRAR 250 REGISTRAR SON NATURE Burial 924 FUNERAL DIRECTOR Danzansky 9-20-81

IMPORTANT: If them 21 is morked or them 18 shows ony injury, ar other troumotic event, the

DHMH-16 30M 2/80 (VRA 15, 4)

TO HOSPITAL



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE OF DEATH	REG	. NO.		
1. DECEASED NAME FIRST (TYPE OR PRINT) Mary	McGrath		D'Brien	20. DATE OF DEATH	9	9 8/	26. HOUR 450 F
3. SEX Female	White	S DATE C	DAY YEAR	& AGE (IN YEARS LAST	BIRTHOAY) _ YRS	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Wash. D.C.	76 CITIZEN OF WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED D	9 BALTIMORE CIT	-	County	/ ME
Silver Spring	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Carriage Hil	ADDRESS)	ong. Center	120 USUAL OCCUP (TYPE OF WORK FOR MO Secrty-R	ST OF WORKING	LIFE) INDUSTRY	Govt
13a. STATE			13d. INSIDE CITY LIMITS? YES XXX NO	13e STREET ADDRES		et N W	
14 FATHER'S NAME FIRST Thomas J.	McGrath		15. MOTHER'S MAIDEN NA FIRST Ellen	MIDDL		Malor	
160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	ARMED FORCES? 166 SOCIAL SECU IVE WAR OR DATES)	JRITY NO.	17. INFORMANT Nephe F. Patrick Mo			306 Alcar Springs	Md
PART I. DEATH WAS CAU	only one couse per line for (a), (b), on SED BY:  ATE CAUSE (a)  DUE TO, OR AS A CONSEOUR  (c)	ence of	Cronch	icetas	ui.	S 2	MARIE INTERVAL ONSEE AND DEATH
PART 2. OTHER SIGNIFICAN.  190. DATE PERATON  210. ACCIDENT WAS UNDERLYING	T CONDITIONS CONTRIBUTING TO	dri	ne due:		20b. IF Y	GIVEN IN PART 100	AS,
OR CONTRIBUTING CAUSE OF D		AY YEAR	21c. HOW INJURY OCCUR		-		
21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.]	211. LOCATION STREET	CITY OR	TOWN	COUNTY	STATE

WHILE AT WORK NOT WHILE 220.1 certify that (I) (this hospital) attended the deceased from sow the deceased alive on above, (I) (did)

and that in (my) (population death occurred on the date and hour and from the causes stated DEGRE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (1998 OR WHAT) George F. Sengstack 22e. ADDRESS

Columbia Blvd Silver Springs.

230 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial Sept.

22b. SIGN -

24 FUNERAL DIRECTOR

FOR

23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem.

23d. LOCATION CITY OR TOWN Washington COUNTY STATE

BP

DHMH - 16 50M 7/77 (VR A 15 (4))

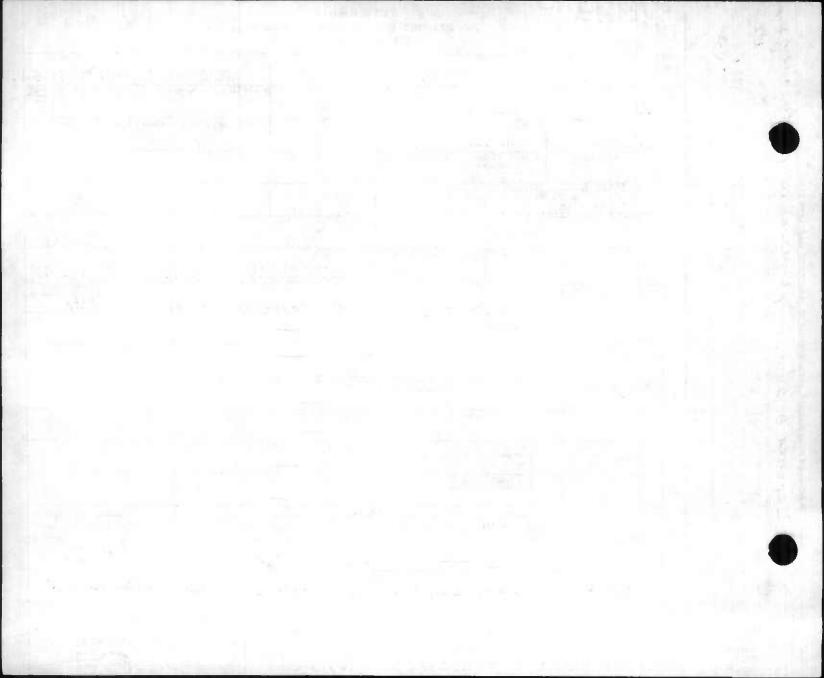
IMPORTANT: If Item 21 is marked or Item 18 sha

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3	I. DE	CEASED NAME FIRST	MIDDLE	LAST	20	DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
y be ath	(117)	FRIED	A B.	OESC	CHGER	SEPTEMBER	10,1981	9:15 MP
₹ 4 ma	3 SE		4 RACE	5 DATE OF BIRTH		AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	# UNDER 24 HRS HOURS MIN
3 8		FEMALE	CAUCASIAN	NOV 4, 189		86 YR		
deserv		RTHPLACE (STATE OR FOREIGN SWITZERLAND	U.S.A.	MARRIED NEVER A	VORCED	BALTIMORE CITY OR COUNTY MONTGOMER		MD.
urs after by the ed with		ILVER SPRING	11. NAME OF HOSPITAL, NURSING STREET FAIRLAND NURS	ADDRESS)	(1	B USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE	G LIFE) 126 KIND OI	F BUSINESS OR
in 24 ho in 24 ho in 24 ho	USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION) /N 134 INSIDE C		STREET ADDRESS	OOD STREE	т
npletely and 2 should	14. F/	THER'S NAME	MIDDLE LAST BLAS	15 MOTHER'S	MARIE	MIDDLE	LASI	
be executed be executed and complete the medeal		VAS DECEASED EVER IN U.S. AR		JRITY NO 17 INFORMA		ADDRESS  L DAUGHTE		
urres that the death certification of the attending physic please remove carbon paper. Dury, or other traumatic eve		PART I. DEATH WAS CAUSE  IMMEDIAT  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last	why one couse per line for (a), (b), or D BY.  TE CAUSE (a). Probably  DUE TO, OR AS A CONSEOU  (b).  DUE TO, OR AS A CONSEOU  (c).	Turus hal		had cancer	19	MATE PITERVAL MSET AND DEATH
i. The law req te has been sig permit. Then iene prior to b shows any in	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH			20e AUTOPSY? 20b. IF	YES, WERE FINDIN RTIFYING CAUSES YES	IGS USED
DING PHYSICIAN: strending physician s: After this certificate s: the burial-transit pe tith and Mental Hygies marked of Item 18 s		2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR	JURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)	
	MEDICAL	214. INJURY OCCURRED  WHILE NOT WHILE AT WORK	214 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	2)1 LOCATIO	ON	CITY OR TOWN	COUNTY	STATE
ATTENDING sital or attendiging to attendiging to a strendiging to the strength and the strength and sm 21 is marke	6	22a.1 certify that (1) (this hospi sow the deceased alive on	tal) attended the deceased from.  NML 19  19 view the body after death.	None, ond that in (my)	. 19 (our) opinion dea	, toth accurred on the date and l		that (I) (we) lost causes stated
PITAL OR by the hosp by the hosp e detached for State Dept.		22b. SIGNATURE	2	MD	PHYSICIAN DE	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE:	SIGNED
TO HOSPIT retained by TO FUNER, should be de with the Sta		22d PHYSICIAN'S NAME (TYPE O	LEKAGUL,	UD 74 X	arling	gton Ld la	Setter da	his
BP	(	BURIAL, CREMATION, REMOVAL SPECIFY)	9/14/81	NAME OF CEMETERY OR CEDAR HILL C		23d. LOCATION CITY OF TOWN SUIT LAND	PRI GEO	STATE MD.
DHMH-16 25M (VRA 15, 4) 1/79		UNERAL DIRECTOR FRANCI 00 UNIV.BLVD., W	S J. COLLINSDAESS ., SILVER SPRING,	MD. 20901	SEP	T BY REGISTRAR	ISTRAPOSICNAM	W. T.



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	TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the meaning by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funent mash should be detached for use as the burnal-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATE OF DE	REC	G. NO.	
1 DECEASED NAME FIRST	MIDDLE	LAST	2a DATE OF DEAT		AR 2b. HOUR
DOROTH )	C.	OEST	S	ept. 22 1981	6:05P
SEX	4 RACE	5 DATE OF BIRTH	& AGE (IN YEARS LAS	TERTHDAY IF UNDER I	YEAR IF UNDER 24 HRS
Female	White	June 10, 19	912 69	YRS	DAYS HOURS MIN
BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	MARRIED NEVER M	ARRIED   1 BALTIMORE CI	TY OR COUNTY OF DEAT	TH
Maryland	USA	WIDOWED DIV	ORCED   Montgo	mery	A
IO CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTI	TUTION 120 USUAL OCCU	PATION 12b KI	ND OF BUSINESS C
Chevy Chase	Beth. Retirema	ent & Nursing Co	enter Secre		Т. н.
USUAL RESIDENCE (IF NURSING HOME OF 130 STATE MARYLAND MO	13c CITY OR	TOWN 134 INSIDE CIT	IY LIMITS?   130 STREET ADDRI		
14 FATHER'S NAME		15 MOTHER'S	MAIDEN NAME		
William	MIDDLE LAST		nst Midd OSe		aroney
160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL		12 A1	222000	
(YES, NO OR UNKNOWN)   I IF YES, GIV	722-J	LO-6040 Regina	a Colver/Sister,	/4223 Metzer	e PK. Ma
	DUE TO, OR AS A CONS	SEQUENCE OF	TO THE TERMINAL DISEASE OR O		35 y/2.
IND DATE OF OPERATION  190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING		HICH OPERATION WAS PERFOR		206 IF YES, WERE F	INDINGS USED USES OF DEATH?
210 ACCIDENT WAS UNDERLYING		21c HOW INJ	URY OCCURRED (ENTER NATURE OF		
OR CONTRIBUTING CAUSE OF DEA		DAY TEAR			
OR CONTRIBUTING CAUSE OF DE-	21e PLACE OF INJURY ( AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.) 211 LOCATIO		RTOWN COUNT	Y STATE
22a I certify that (I) (this haspe	tal) attended the deceased f	OEGREE AT	, 19 7 , to 9 / our) opinion death accurred of the TENDING MEDICAL HYSICIAN DEDIRECTOR PH	STAFF C	that (I) (we) I m the causes stated DATE SHONED
DQ 4 4 6	T. DOWO	22e ADDRESS			they n
236. BURIAL, CREMATION, REMOVAL	236. DATE	23c NAME OF CEMETERY OR CI	PEMATORY 1234 LOCATION		
(SPECIFY) Burial	9/25/81	Gate of Heaven	Silver	Spring, Md.	STATE

DHMH-16 25M (VRA 15, 4) 1/79

Burial 9/25/81 Gate of 14 FUNERAL DIRECTOR JOSEPH GAWLER'S SONS, Inc.
NAME 5130 Wisc. Ave. N.W. Wash., D.C.

SEP 25 1981 Thank January September 1

The second of the second of the second Harry Totale goth. Bethe Methy with Joseph Totales Totalestory N. . I. The second temperature and the second Page 104 to the colvery factory to of the the

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executed within 24 hours ofter death.

completely filled in by

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in should be detached for use as the buriol-transit permit. Then please remave carbonpopers. Pages 1 and 2 should the with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

injury, or other troumatic event, the

IMPORTANT: If Hem 21 is marked ar Item 18 shaws any

JO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be

retained by the hospital or ottending physician.

for, page 3 ofter death

STATE OF MARYLAND

DED A DEMCNE OF HEALTH AND MENTAL HYCHENE

FOR STATE REGISTRAR	DEPA		HEALTH AND MENTAL HYG FICATE OF DEATH	IENE B   REG. N	2 4	3	5 /
1. DECEASED NAME FIRST	WIDDLE		LAST	2a. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
(TYPE OR PRINT) Theod	dore B.	Ols	020	Sept. 1	4. 1981		12:55P.
3. SEX	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BI	and the same	DER I YEAR	IF UNDER 24 HRS
Male	White	MONT	H DAY YEAR	82	MONTH	HS DAYS	HOURS MIN.
To BIRTHPLACE (STATE OR FOREIGN		App	ril 8, 1899	9 BALTIMORE CITY O	YRS.	DEATH	
COUNTRY		MARRIE	D NEVER MARRIED			DEATH	
Wyo.	usa	WIDOW		Montgome			MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUE (IF NOT IN SUCH FACILITY, GIVE ST		OR OTHER INSTITUTION	120. USUAL OCCUPAT		26. KIND OF NDUSTRY	F BUSINESS OR
Bethesda	Carriage Hi			Foreign Ser	r Newner	per Ma	U.S. Go
	ME OR OTHER INSTITUTION, GIVE RESIDENCE BE COUNTY 13c, CITY OR T		113d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
		resda	YES NO		Road		
14. FATHER'S NAME		resua	15. MOTHER'S MAIDEN NA	ME			
Hans	MIDDLE LAST	n	Bertha	MIDDLE		To bo =	
160. WAS DECEASED EVER IN U.S			17 INFORMANT	ADDR	ESS	Johns	311
	ES. GIVE WAR OR DATES)	0272	Wife - Louis	0 C 03 con	Como	a 1/2.	2
_ no	er only one couse per line far (a), (b)		MITE - HOUTS	e p. OTSOII	- Same a		AATE INTERVAL
Conditions, if any, whice gove rise to immediate cause (a), stating the underlying cause las	DUE TO, OR AS A CONSE	GANIC B			20b. IF YES, WE IN CERTIFYING YES	RE FINDIN	GS USED
210. ACCIDENT WAS UNDERLYIN	110110 4 44 44001511	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART I	OR PART 2)	
OR CONTRIBUTING CAUSE C	OF DEATH	DAT TEAR					
QIF EITHER NOTIFY MEDICAL EXA  21d. INJURY OCCURRED  WHILE AT WORK AT WORK	21e. PLACE OF INJURY		211 LOCATION STREET	CITY OR TO	) NWC	COUNTY	STATE
220.1 certify that (I) (this I	hospital) oftended the deceosed from Aug 20, 1981 (anot) view the body ofter death.	7	nd that in (my) (our) apinion DEGREE	to Sept.  death occurred on the d	late and hour and		
22d. PHYSICIAN'S NAME (			22e ADDRESS	MEDICAL STA DIRECTOR PHYSIC	CIAN		. 14,198
Dr. Henry	D. Ecker, M.D.	130	916 - 191	th Street,	N.W., Wa	sh. D	C.
23a. BURIAL, CREMATION, REMO (SPECIFY) Cremation	G 35 300		CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN  OTN Ale xa	cou andria I	unty Ji mari y	STATE
24 FUNERAL PRECTOR	Pevol Eun	eral Ho	ome 25a. DAT	P 9 1 1981	25b. REGISTINAR	SSIGNATO	VRE

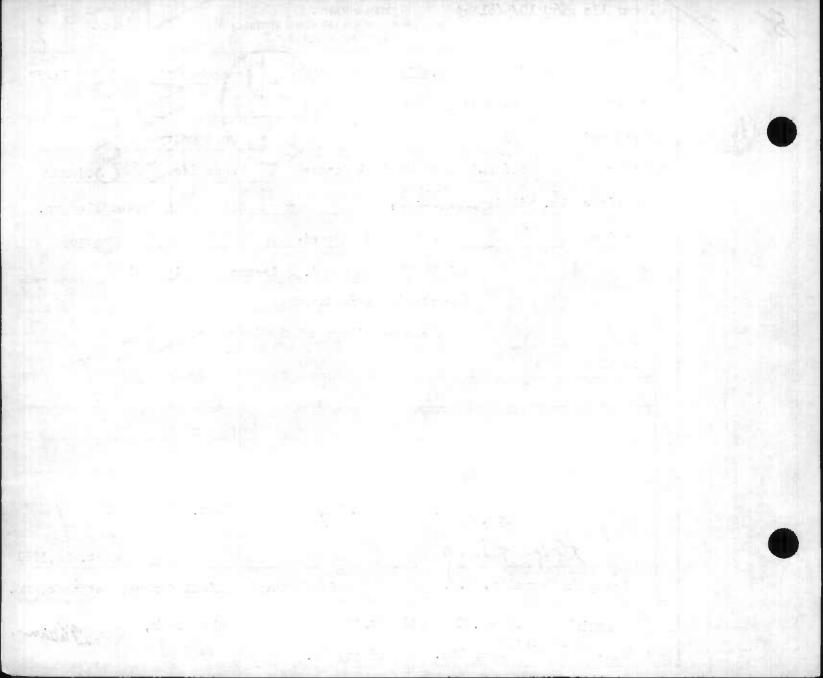
DHMH-16 30M 2/80 (VRA 15, 4)

DeVol Euneral Home Washington, D.C.

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1	1 DEC	CEASED NAME FIRST	MIDDLE	CERTII	LAST	REG. NO	O. MONTH	DAY YEAR	2b HOUR
3		OP PRINTS	nnie Ste		PALASTRO	September		1981	7:45
1	3. SEX	(	4. RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	
- 1		Female	Caucasian	June	e 2 1925	56	VRS	MONTHS DAYS	HOURS
100	-	RTHPLACE (STATE OR FOREIGN OUNTRY) nnsylvania	76 CITIZEN OF WHAT COUNTR USA	MARRIE WIDOW	ED NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	-	TY OF DEATH	
27	Be	TY OR TOWN OF DEATH  thesda	11. NAME OF HOSPITAL, NUR VALUE NOT IN SUCH FACILITY, GIVE SE NAVAL	Medic	al Center	12g USUAL OCCUPATE (TYPE OF WORK FOR MOSLO Housewife		LIFE) 126. KIND ( INDUSTRY At	Home
83	13g S	oodbridge Pr.	OTHER INSTITUTION GIVE RESIDENCE BEE	ORE ADMISSION)	YES NO 🔀	13e. STREET ADDRESS 3518 Nort	th Fo		
23	I4 FA	THER'S NAME FIRST Savino	MIDDLE LAST Mass	i	Jennie	ME		Pagar	ST
2		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRE	55		
2		No	207 12	9701	John A. Pala	astro See i	item	13	
		Conditions, if ony, which gove rise to immediate couse [0], stoting the	DUE TO, OR AS A CONSECTION OF TO THE CONTROL OF THE	us car	cinoma of the	lung			
5	IFICATION	gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSECUTION (b) Squamo	OUENCE OF	NOT RELATED TO THE TERM	NINAL DISEASE OR CONE	20b. IF Y	ES, WERE FINDI	NGS USED OF DEATH
5	CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSECTION OF THE PROPERTY OF	DUENCE OF  O DEATH BUT  CH OPERATIO	NOT RELATED TO THE TERM	VINAL DISEASE OR CONI	20b. IF Y	ES, WERE FINDING CAUSES	VGS LISED
2 Shows only injury, or	- 1	gove rise to immediate couse (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSECT SQUAMO DUE TO, OR AS A CONSECT CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHICH THE CONDITION FOR WH	OUENCE OF	NOT RELATED TO THE TERM	VINAL DISEASE OR CONI	20b. IF Y	ES, WERE FINDING CAUSES	NGS USED OF DEATH
2 9	MEDICAL CERTIFICATION	gove rise to immediate couse Io1, stating the underlying couse lost  PART 2 OTHER SIGNIFICANT OF THE CONTRIBUTION CAUSE OF DEA (HEETHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED AT WORK NOT WHILE AT WORK	DUE TO, OR AS A CONSECT SQUAMO DUE TO, OR AS A CONSECT CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHICH	DUENCE OF  DEATH BUT  CH OPERATIO  DAY YEAR  19	NOT RELATED TO THE TERM	VINAL DISEASE OR CONI	20b. IF Y IN CERT	ES, WERE FINDING CAUSES	NGS USED OF DEATH NO
2 Shows only injury, or	MEDICAL	gove rise to immediate couse iol, stating the underlying couse lost  PART 2 OTHER SIGNIFICANT OF THE CONTRIBUTION OR CONTRIBUTING CAUSE OF DEA CHEETINER NOTIFY MEDICAL EXAMINER THE CONTRIBUTION OF CONTRIBUT	DUE TO, OR AS A CONSECT SQUAMO  DUE TO, OR AS A CONSECT CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHITE	DUENCE OF  DEATH BUT  CH OPERATIO  DAY YEAR  19  19  19  19  AT	NOT RELATED TO THE TERM ON WAS PERFORMED  216 HOW INJURY OCCURI	200 AUTOPSY?  YES NOTE  RED (ENTER NATURE OF INJUR  CITY OR TO	20b. IF Y IN CERT Y RY IN ITEM IS	ES, WERE FINDING CAUSES YES (1) PART 1 OR PART 2)  COUNTY	NGS USED OF DEATH
2 9 more of the first of the fi	MEDICAL	gove rise to immediate couse IoI, stating the underlying couse lost  PART 2 OTHER SIGNIFICANT OF THE COURT OF	DUE TO, OR AS A CONSECT SQUAMO  DUE TO, OR AS A CONSECT CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHITE	DUENCE OF  O DEATH BUT  CH OPERATIO  DAY YEAR  19  E. FARM, ETC.)	216 LOCATION STREET  216 LOCATION STREET  DEGREE  ATTENDING PHYSICIAN [PHYSICIAN [PHYSICIAN [PHYSICIAN [PM] ]]	TO Sept. 2  death occurred on the da	20b. IF Y IN CERT IN TEM 18	ES, WERE FINDING CAUSES YES (1) PART 1 OR PART 2)  COUNTY  19 81  pur ond from the	NGS USED OF DEATH? NO  STAT that (/ (we' causes state
MPOKIANI: If Item 21 is morked or Item	MEDICAL	gove rise to immediate couse iol, stating the underlying couse lost  PART 2 OTHER SIGNIFICANT OF THE CONTRIBUTION OR CONTRIBUTING CAUSE OF DEA CHEETINER NOTIFY MEDICAL EXAMINER THE CONTRIBUTION OF CONTRIBUT	DUE TO, OR AS A CONSECTION OF THE PRINTIP TYPELLS, M.D.  DUE TO, OR AS A CONSECTION OF THE PRINTIP TYPELLS, M.D.  Squamo  Squa	DUENCE OF  O DEATH BUT  CH OPERATIO  DAY YEAR  19  19  19  AT  19  AT  19  10  10  10  10  10  10  10  10  10	216 HOW INJURY OCCURING THE TERM ON WAS PERFORMED  216 HOW INJURY OCCURING THE TERM OF THE	200 AUTOPSY?  YES NOSE  RED (ENTER NATURE OF INJUR  CITY OR TOV  to Sept 2  deoth occurred on the do  MEDICAL STAF  DIRECTOR PHYSIC	20b. IF Y IN CERT IN CERT WN  23 ofe and ha	ES, WERE FINDING CAUSES YES []  PART 1 OR PART 2)  COUNTY  19 81  pur and from the  22c. DATE  Sept.	NGS USED OF DEATH? NO  STAT that (/ (we' causes state SIGNED 24,1



and campletely filled in by the funeral director ages 1 and 2 should be their entire 12 hours after

1	ST	A	T	E	OF	M	AR	YL	AND	

1.	STATE REGISTRAR	DEPART		FICATE OF DEATH	REG. N	0.	4 4	2 /
(TYPE	OR PRINT)	Christian	1	PANTER	20 DATE OF DEATH	MONTH DA	- 8/	26 HOUR 919 AM
TA.		4 RACE	S. DATE (	H DAY YEAR	6 AGE (IN YEARS LAST BIR		ONTHS DAYS	HOURS MIN.
BI	Male RTHPLACE (STATE OR FOREIGN	White 76 CITIZEN OF WHAT COUNTRY?	Nover		9 BALTIMORE CITY O	R COUNTY O	OF DEATH	7 7 7 7 7
	likornia	IISA	MARRIE	D   NEVER MARRIED    ED	Montgomeru			MD
	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME (	- 424	12a USUAL OCCUPATI	ON		F BUSINESS OR
Tak	oma Park			Hospital	Mech Engine		Eleva	tor Co.
130. S Ma				13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS 2709 Highb	ee Roo		
14. FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA			, LAS	1
		inter		Elizabet	th	UNK		
	(IF YES, GIV	RMED FORCES? 166 SOCIAL SECTION OF THE PROPERTY OF THE PROPERT		17 INFORMANT	ADDRE			4.0
	yes WW I	161-10-3		Elizabeth M.	Meader/Vaug	hter/		
	PART I. DE ATH WAS CAUSE	/ '		05-= = 1/2 man	1/210-	21-1	BETWEEN	MATE INTERVAL ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause lal, stating the underlying cause last	DUE TO, OR AS A CONSEOU  DUE TO, OR AS A CONSEOU  DUE TO, OR AS A CONSEOU  ATHEROSELE	ENCE OF	LEST FOLLOWING HEART DISEASE			s- M	ONT HS
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO						
ON	HYPOTH	ERMIA - BRA	ADVC	ARDIA - CO	NE ESTIVE	HEART	FAIL	URE
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH			20a AUTOPSY?		WERE FINDIN	
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	EY IN ITEM 18 PAR	RT   ORPART 2)	
MEDICAL	WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE I	FARM, ETC )	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		stal) attended the deceased from 500 / 12 19 Sat) view the body after death.		nd that in (my) (our) apinion (	, ta Sept death accurred an the de	13 19 ate and haur (		that (I) ( <del>we)</del> last couses stated
	22b. SIGNATURE	1		DEGREE	MEDICAL STA	-	22c. DATE	SIGNED
	Kolen	2 ) 67		M. D ATTENDING PHYSICIAN	MEDICAL STAF		9-1	13-81

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR:

Item 18 sh

MPORTANT: If Hem 21 is should be detached with the State Dept.

ROBERT 230. BURIAL, CREMATION, REMOVAL Entombrent 9-18-81

11161 New Hampshire Ave Silver Spring 23¢ NAME OF CEMETERY OR CREMATORY Oak Hill Mausoleum

Evansville

Indiana

24 FUNERAL DIRECTOR tines/Rinaldi F.H.

11800 New Hampshire Ave Silver Spring, Md.

MATURE BY REGISTRAR IN REGISTRARS

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the fushould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, or other traumotic event, the medical exam

with the State Dept. or necessary is morked or frem 18 shows ony

page 3

STATE OF MARYLAND CEPTIFICATE OF BEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- 1		REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	10.		
1		CEASED NAME FIRST	MIDDLE	1	LAST	20 DATE OF DEATH	MONTH I	DAY YEAR	26 HOUR
1	TITPE	ORPRINT) FUELVA	1 .5.	P	DYTAN	ERRA	10	3 91	3 · 37R
	3 SEX	× / 1	RACE	5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
		Female	Caucausin			69	YRS	MONTHS DATS	HOURS MIN
1			CITIZEN OF WHAT COUNTRY	7? 8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
4	Ba.	Itimore Md.	U.S.A.	WIDOWE		MONT	160	mer	Y MD
7	10 CI	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURS		OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	126 KIND O	F BUSINESS OR
	(F)	Aitherslours	Shady (	- Vn 1/6	2 Adventist	Retired	JE WORKING LIE	Secret	ary
	USU/	AL RESIDENCE (IF NURSING HOMEOROT	HER INSTITUTION, GIVE DESIDENCE BEFO	ORE ADMISSION)	1/40 -11/10/1				
2		Mary and Montg		rsburg		407 Kusse.	Ll Ave	., Apt	G-4
5		THER'S NAME	PDIE LAST		15. MOTHER'S MAIDEN NAM			LAST	
1	Ta	te Jäckson Lee S	ammons		Daisy l	M. Davis		100	
٦	16a V	VAS DECEASED EVER IN U.S. ARME		CURITY NO.	17. INFORMANT	ADDR			
		YES, NO OR UNKNOWN) (IF YES, GIVE W	TAR OR DATES)		R. Irving Pax	ton 407 Rus	ssell.	Ave 20	877
ı		18 CAUSE OF DEATH Enter only	one couse per line for (a) (b) (	and ici				APPROXIM	MATE INTERVAL DNSET AND DEATH
1		PART I. DEATH WAS CAUSED	BY:	1	oneumoni	-		21	INSET AND DEATH
		IMMEDIATE	CAUSE (a)	nun	ALEGENORI			07	nis
1		0000	DUE TO, OR AS A CONSEO		· · · · · · · · · · · · · · · · · · ·	1. = 4		1	
1		Canditions, if any, which	(b) 50N	e m	arrow to	1416			mo
1		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEO	UENCE OF	1. no 1.				,
			(c)	IMM	1 Myelo	ma			- 4m.
1	z	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CON	DITION GIVE	EN IN PART To	
4	CERTIFICATION	Inemia							
	CA	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIF	, WERE FINDIN	OF DEATH?
	RTIF					YES NO	YES	5 🔲	NO 🗆
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216 TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART I OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19					
1	ED	21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OR TO	JWN	COUNTY	STATE
	2	WHILE NOT WHILE AT WORK	TAT HOME STREET, FACTORY OFFICE	, FARM, ETC J	SINCE	CITI OK IC		COUNTY	STATE
١		220.1 certify that (I) (this hospital	) ottended the deceased from	mar	ch 6 19 80	to Sept	25	981	that (Nwe) last
		saw the deceosed alive above, (I) (we) (did) (did not)	Sep425 19	81 , or	nd that in (my)(aur) opinian de	eath occurred an the d	ote and haur	and from the c	causes stated
1		226 SIGNATURE	new the body after death.		DEGREE			22¢ DATE S	
J			11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	~	ATTENDING	MEDICAL STA	FF	Q -	21-01
9	-	22d. PHYSICIAN'S NAME HING OF P	MILI VAL	6	22e ADDRESS	DIRECTOR PHYSIC		1-2	16-81
		1. 0 10.	looredr. MD		207 Brook	es Ave G	with	elshire	und
4		James K. M					2001.11	SINGE	1 1.10
	230 B	URIAL, CREMATION, REMOVAL SPECIFY) Burial			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	House	2 OUNTRA	rl ondale
		Burial	Sept 29 "81 N	readow)	ridge Cemetery		TBWON	d, Mary	Tand

DHMH - 16 50M 1/81 (VRA 15, 4)

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24 FUNERAL DIRECTOR

FOR - STATE

Harry H Witzke 4112 Columbia Rd Ellicott City

howard, Mary Land SEP 28 1981 Charles Standards and the SEP 28 1981

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SL	FOR TATE REGISTRAR		DEP	STATE OF MARYLAN ARTMENT OF HEALTH AND ME CEP.TIFICATE OF DE	ENTAL HYGIENES	REG 1	NO.
~	I. DECEASED NAME	FIRST	MIDDLE	LAST	2a DATE	OF DEATH	MONTH

2 4 3 6

1	- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.		
	CEASED NAME E OR PRINT)	Edga:		erell	Ç	enn	20 DATE OF DEATH	MONTH D.	0-81	10 P
3 SE	Male		White		5. DATE C	H DAY YEAR	6. AGE (IN YEARS LAST BE		IF UNDER TYEAR	IF UNDER 24 HR
	IRTHPLACE (STATE OR F COUNTRY) Iaryland		U.S.A	what country?	8 MARRIE WIDOWE		9 BALTIMORE CITY	OR COUNTY		
ng c Si	IVEN SOLI	ng A		HOSPITAL, NURSIN H FACILITY, GIVE STREET,		or other institution	120 USUAL OCCUPAN (TYPE OF WORK FOR MOST) Tech. Rep.	OF WORKING LIFE		Co.
13a <b>M</b>	AL RESIDENCE (NORS STATE aryland	IN COUNTY Montgo		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Gaithers	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS.		ad	
	George	Edga	r	Penn		Sara Sara	WIDDLE	_	Revell	șt .
	WAS DECEASED EVER (YES, NO OF UNKNOWN)	IN U.S. ARMED		577 32 6		Mary Kay Per	nn Same as		Wife)	
Z	Canditions, if any, gave rise to improve (a), stating underlying cause	nediate g the last.	(b) DUE TO, OF		NCE OF	NOT RELATED TO THE TERM	مع د			tre ors
CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO NO		WERE FINDING CAUSES	
MEDICAL CES	210 ACCIDENT WAS UND OR CONTRIBUTING CORE (IF EITHER NOTIFY MEDIC 21d INJURY OCCURR HILE NOT WH WORK AT WOR	CAUSE OF DEATH (ALEXAMINER) (RED)	P./ 21e. PLACE (	M. MONTH DA	19	21f. HOW INJURY OCCUR	RRED   ENTER NATURE OF INJU		COUNTY	STATE
	22a.1 certify that (1) saw the decease abave, (1) (we) Id	(this haspital)		.19		nd that in (my) (aur) apinian	death accurred an the d	. 1	and fram the	
	22d. PHYSICIAN'S NA	ME (TYPE OR PRIM	= 2,0	~		ATTENDING PHYSICIAN [	MEDICAL STA		22c. DATE	
	EDO	JAR_		EUINI			FENTAN	55.		

DHMH - 16 50M 1/61 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL **Burial** 23b. DATE 9/15/81

230 NAME OF CEMETERY OR CREMATORY Maryland Veterans Cem.

FENTONST.

heltenham P.G. Maryland

Francis Gasch's Sons Funeral Home, P.A. Hyattsville, Maryland

H. LEVING

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbanpaers. Pages I and 2 should be filed within 72

, the burial-transit permit. Then please remove carbani and Mental Hygiene prior to burial, cremation, ar rem

injury, or other troumotic

MPORTANT: If Hem 21 is marked or Hem 18 shows ony

should be detached for use as the with the State Dept. of Health and

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

- STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	fra "		Jen .
1. DECEASED NAME FIRST (TYPE OR PRINT) Clarence	e. L.	Perk	/ns	2ª DATE OF DEATH M	81	YEAR	26. HOUR 4:21p1
3. SEX Mule	4. RACE	S. DATE C MONTH	H DAY YEAR	6 AGE (IN YEARS LAST BIRTH	YRS.	DER I YEAR	IF UNDER 24 HRS. HOURS MIN.
7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT C	A MARRIE WIDOWE	The state of the s	BALTIMORE CITY OR	meey		M
Tokomu Park	(IF NOT IN SUCH FACILITY WASHINGTO	GIVE STREET ADDRESS)  N ATUENT	TIST HOSP.	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF  PHENCISANT		SIND OF	f BUSINESS OF
USUAL RESIDENCE (IF NURSING HOME) 130. STATE 134. COI 134. COI	UNIY 13c. CIT	DENCE BEFORE ADMISSION) YOR TOWN +5hington	13d. INSIDE CITY LIMITS? YES MO [	13e STREET ADDRESS	-110 1Av	e N	1. E
	MIDDLE, KINS	LAST		Ones		LAS1	ī
41	CRUE MAIN OR DATES	12-3/69	Leona Perkin	s Signe 133	S 13 E		
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU:	SED BY: ATE CAUSE (o)  DUE TO, OR AS A (	CONSEQUENCE OF	Caremon o	t the Col	00	24	MATE INTERVAL PASET AND DEATH
	T CONDITIONS <u>CONTRIB</u> I	UTING TO DEATH BUT	NOT RELATED TO THE TERM	inal disease or cond			
190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. CONDITION FO	OR WHICH OPERATIO	n was performed	200 AUTOPSY?	20b. IF YES, WEF IN CERTIFYING YES		
OR CONTRIBUTING CAUSE OF E (IF ETHER, NOTIFY MEDICAL EXAMP  21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	HOUR A.M. MI P.M.  21e. PLACE OF INJU (AT HOME, STREET, FACT	ONTH DAY YEAR  19  JRY  ORY, OFFICE, FARM, ETC.)	211. HOW INJURY OCCURE 211. LOCATION STREET	RED (ENTER NATURE OF INJURY		OUNTY	STATE
220. I certify that (I) (this has sow the deceased alive a abave, (I) (we) (did) (did 22b. SIGNATURE	01.	19.31 o	nd that in (my) (our) apinion of	death occurred an the dat			
6 Cm 6	169am		ATTENDING PHYSICIAN	MEDICAL STAFF		1	5.81
22d MUPSICIAN'S NAME (TYP	E OR PRINT)	~ ">	501 FS e &	eich Go	: Her be	1	Marso

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DHMH-16 30M 2/80 (VRA 15, 4)

RIAD CREMATION, REMOVAL 236. DATE 9-21-81 FT LINCUIN COMMERCE LINCUIN COMMENCE LINCUIN COME 24 FUNERAL DIRECTOR

230. NAME OF CEMETERY OR CREMATORY

Ff Lincoln Cem.

STATE Mal

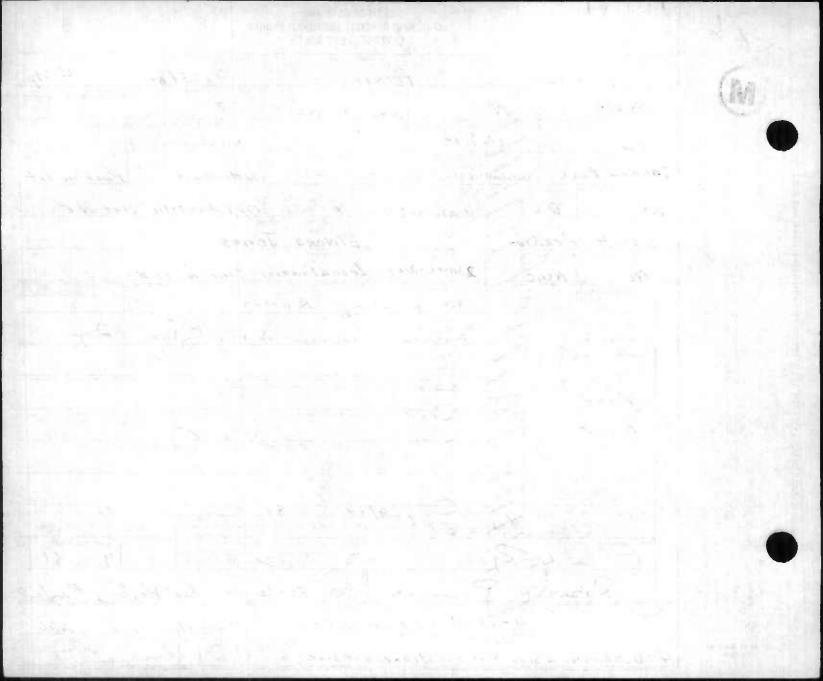
23d. LOCATION
CITY OF TOWN
COUNTY

Address Jung

25g. DATE REC'D. BY REGISTRAR 34 DEGISTRAR'S SIGNATURE

SEP 2 5 1981

There



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23b. DATE

10/3/81 FRANCIS J. COLLINS

FT. LINCOLN

500 UNIV. BLVD., W., SILVER SPRING, MD. 20901 OCT 5

230 BURIAL, CREMATION, REMOVAL

BURIAL

24 FUNERAL DIRECTOR

4 RACE

FOR - STATE REGISTRAR DECEASED NAME (TYPE OR PRINT

3 SEX

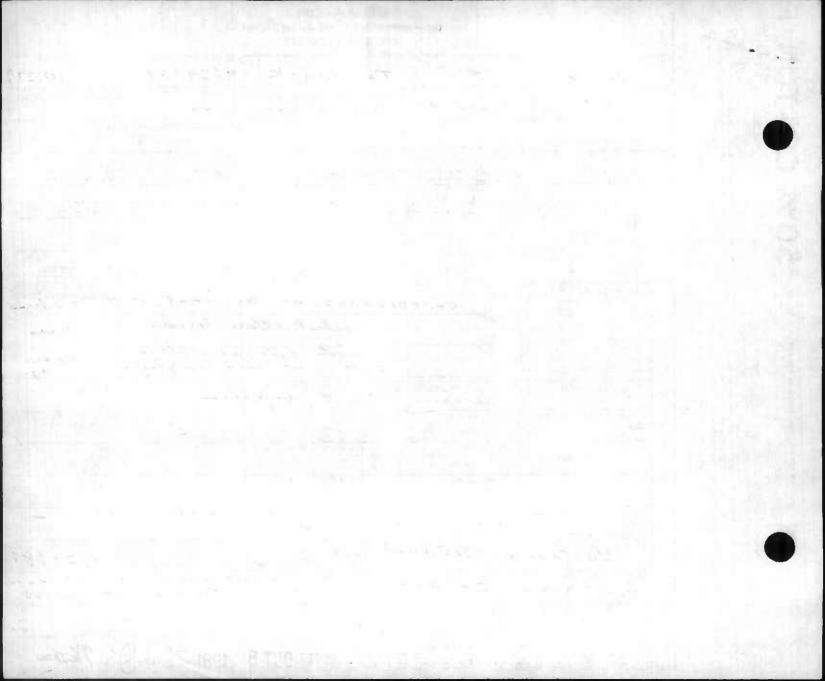
Tames

DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	REG. NO.	2 4	S	6	3
	AST	20. DATE OF	DEATH MO		YEAR	2b HOU	
	tranek	. ,	, , –				:277
SEM	PF BIRTH DAY 1901 FAR TX	6 AGE (IN YE	ARS LAST BIRTHDA	YRS IF UNI	DAYS	HOURS	24 HRS MIN.
WHAT COUNTRY? 8 MARRIE	D X NEVER MARRIED	9 BALTIMOR	E CITY OR C	OUNTY OF D	EATH		
IS.A.   WIDOWE			ONTGOM				MD.
HOSPITAL, NURSING HOME C CHEACILITY, GIVE STREET ADDRESS! GROVE NURSING		TYPE OF WORK		ORKING LIFE) IN	KIND OF DUSTRY		SSOR
SILVER SPRING	13d INSIDE CITY LIMITS? YES X NO [	3501	DDRESS FOREST	EDGE 1	DRIVE		
LAST	15 MOTHER'S MAIDEN NAM		WIDDLE				
PETRANEK	FRANCE	S	WIDDLE	Zl	IRAK		
166 SOCIAL SECURITY NO.	17 INFORMANT		ADDRESS				
373-07-2447	ROSE S. PET	RANEK	SAM	E AS 1.	3 (	WIFE	
r line for (o), (b), and ic	ascular.	Acci	dent	Recor	APPROXIM BETWEEN OF	ATE INTER	VAL DEATH
DR AS A CONSEQUENCE OF	Cerebral at	larose	lerson	0	č	Jea	60
OR AS A CONSEQUENCE OF	Remote Left	ded a	Lemple	rie Pagei	ę	jes	~. ~
ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NALDISE ASE	OR CONDITI	ON GIVEN IN	PART No		
resone to	ract info		-				
ITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOR		IF YES, WER CERTIFYING YES			
OF INJURY .M. MONTH DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTERNATI	URE OF INJURY IN	ITEM 18 PART I O	R PART 2)		
.M. 19 OF INJURY REET, FACTORY OFFICE, FARM ETC.)	21f. LOCATION STREET		CITY OR TOWN	C	YTNUC	51	TATE
2. /	d that in (my) (c) opinion d		an the date of	19_5		ot (1) (w	
B. D - B	DEGREE  M ATTENDING PHYSICIAN F	MEDICAL	STAFF PHYSICIAN		2c. DATE S	IGNED	181
BelAVAI	In ADDRESS	sure .	prine	Mod		100	enter 06
23c. NAME OF C	EMETERY OR CREMATORY	23d LOCAT	ION	-			

BRENTWOOD

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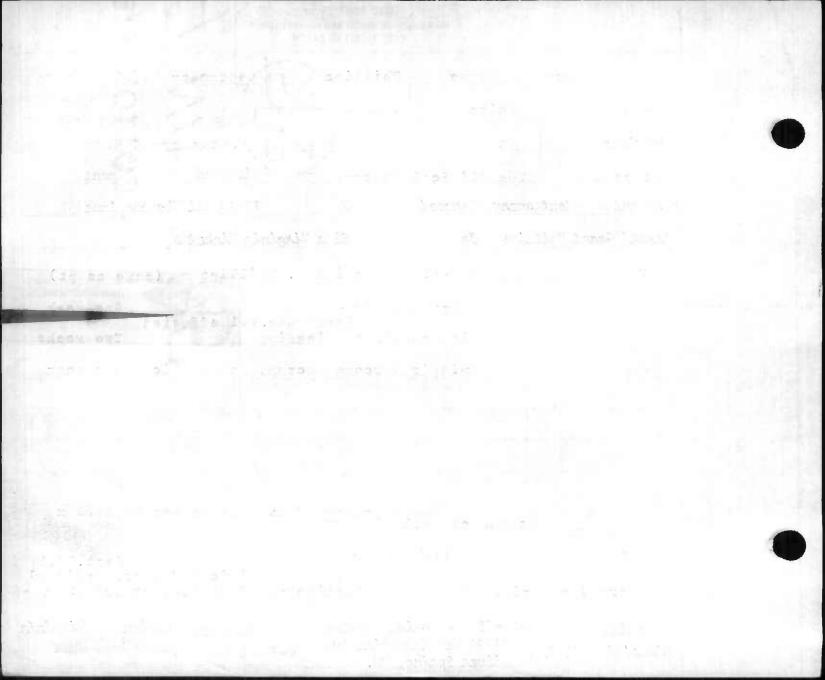
DHMH - 16 50M 1/81 (VRA 15, 4)



DHMH - 16 50M 17 (VRA 15, 4)

	CEASED NAME	FIRST		WIDDLE	L	AST	20. DATE OF DEATH	MONTH [	DAY YEAR	2h HOUR
,		Gary	W	ayne	Phi	llips	Septembe	er 24.	. 1981	5:00p
3. SE	X		4. RACE		5. DATE C		6 AGE (IN YEARS LAST BI		IF UNDER I YEAR	IF UNDER 24 H
	Male		Whi	te		uary 26,196	50 21	YRS	DATS	HOURS M
	IRTHPLACE (STATE OF	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY	Y? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	laryland	A V 1.	USA		WIDOWE		Montgon			
В	ethesda		The	Clinica	et address)	ter, NIH	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Disabled			BUSINESS
Ma	ALRESIDENCE IF NUR STATE ryland	113b COUN		130 CITY OR TO	NWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 17904 Clip	Sbowu	ne Lane	
	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	MIDDLE	100	LAST	
_	rnold Gran			Jr			nia Rickett	5	*****	
	WAS DECEASED EVER		MED FORCES? (E WAR OR DATES)	166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDR	ESS		
_	No	<u> </u>		220-82	-4438	Susan . I	Phillips	(sa	ime as	pt)
	18 CAUSE OF DEAT PART I. DEATH V	TH (Enter on WAS CAUSE	ly one cause pe						BETWEEN	NATE INTERVAL
	10001	IMMED IAT	TE CAUSE (a)_						One.	week
						R A A A ST TO A	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	1100		DUE TO, O	OR AS A CONSEQ	UENCE OF	Bloody ple		ISTON	m	
	Canditians, if any gave rise to im	nmediate	(b)_	with c	ontin	ued bleedir		ISTON	Two	weeks
	Canditians, if any gave rise to im couse (a), statiunderlying cause	ing the	DUE TO, C	With C OR AS A CONSEQ	Ontin	ued bleedir	ng	7		weeks
	gave rise ta im couse (a), stati underlying caus	ing the	DUE TO, (c)	with c or as a conseq Ewing	ontin DUENCE OF S Sar		ng n, metasta	ıtic	One	year
ION	gave rise ta im couse (a), stati underlying caus	omediate ing the se last. GNIFICANT (	DUE TO, (c)	with c or as a conseq Ewing	ontin DUENCE OF S Sar	ued bleedir coma Sacrum	ng n, metasta	ıtic	One	year
ICATION	gave rise ta im couse (a), stati underlying caus	omediate ing the se last. GNIFICANT (	DUE TO, C	with c  DR AS A CONSEG  Ewing ' CONTRIBUTING TO	Ontin DUENCE OF S Sar	ued bleedir coma Sacrum	ng n, metasta	I <b>tic</b> IDITION GIVI	One	year GS USED
ERTIFICATION	gave rise to im couse   a   stati underlying   caus   PART 2 OTHER SIG	nmediate ing the e last. GNIFICANT (	DUE TO, C	with c  DR AS A CONSEQ  Ewing '  ONTRIBUTING TO	Ontin DUENCE OF S Sar	ued bleedin coma Sacrum NOT RELATED TO THE TERM N WAS PERFORMED	n, metasta MINAL DISEASE OR CON  200 AUTOPSY?  YES \( \) NO \( \)	LTIC  20b IF YES IN CERTIF' YES	One EN IN PART 1 co	year GS USED
AL CERTIFICATION	gave rise to im couse   a   stati underlying   cous   PART 2 OTHER SIG	mediate ing the ing th	DUE TO, C  CONDITIONS C  196 CONE  196 CONE  198 HOUR A	with c  OR AS A CONSEQ  Ewing '  CONTRIBUTING TO  DITION FOR WHICH  OF INJURY  A.M. MONTH	ONTIN DUENCE OF S SAT ODEATH BUT	ued bleedin  coma Sacrum  NOT RELATED TO THE TERA	n, metasta MINAL DISEASE OR CON  200 AUTOPSY?  YES \( \) NO \( \)	LTIC  20b IF YES IN CERTIF' YES	One EN IN PART 1 co	year GS USED OF DEATH?
_	gave rise to im couse   a   stati underlying   cous   PART 2 OTHER SIG	ATION  NDERLYING CAUSE OF DEA	DUE TO, C  CONDITIONS C  19b CONE  19b CONE  17b HOUR A	with c  OR AS A CONSEQ  Ewing '  CONTRIBUTING TO  DITION FOR WHICH  OF INJURY  A.M. MONTH	ONTIN DUENCE OF S SAT ODEATH BUT	ued bleedin  coma Sacrum  NOT RELATED TO THE TERA  N WAS PERFORMED  21c. HOW INJURY OCCUR	n, metasta MINAL DISEASE OR CON  200 AUTOPSY?  YES \( \) NO \( \)	LTIC  20b IF YES IN CERTIF' YES	One EN IN PART 1 ca , WERE FINDIN YING CAUSES IS	year GS USED OF DEATH?
MEDICAL CERTIFICATION	gave rise to im couse   a), stati underlying   caus   PART 2 OTHER SIG   19a DATE OF OPERA   21a, ACCIDENT WAS UN OR CONTRIBUTING     IIF EITHER NOTIFY MED   21d. INJURY OCCUR	ATION  DERLYING  CAUSE OF DEA  RRED	DUE TO. C  CONDITIONS C  19b CONE  19b CONE  17b HOUR A  17c PLACE	with c  OR AS A CONSEQ  Ewing '  CONTRIBUTING TO  DITION FOR WHICH  OF INJURY  A.M. MONTH	OUENCE OF S SAT ODEATH BUT CH OPERATION  DAY YEAR 19	ued bleedin coma Sacrum NOT RELATED TO THE TERM N WAS PERFORMED	n, metasta MINAL DISEASE OR CON  200 AUTOPSY?  YES \( \) NO \( \)	200 IF YES IN CERTIFY YES	One EN IN PART 1 ca , WERE FINDIN YING CAUSES IS	year GS USED OF DEATH?
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_	gave rise to im couse and incouse and inco	ATION  DERLYING CAUSE OF DEADERLY ENDERLY ENDE	DUE TO. C  CONDITIONS C  19b. CONE  19b. CONE  19b. CONE  21b. TIME ( HOUR A HOUR A 1)  21c. PLACE (AT HOME S  1) view the bad	WITH C  OR AS A CONSEC  EWING  ONTRIBUTING TO  ONTRIBUTING TO  OF INJURY  A.M. MONTH  P.M.  OF INJURY  TREEL FACTORY OFFICE  the deceased from the consecution of the	DUENCE OF S SAT  O DEATH BUT  CH OPERATIO  DAY YEAR  19  E FARM ETC.)  Sept.  1981	ued bleedin  coma Sacrum  NOT RELATED TO THE TERM  N WAS PERFORMED  216. HOW INJURY OCCUR  216. LOCATION  STREET  ember 10, 10  d that IXIX (aur) apinion  DEGREE  ATTENDING PHYSICIAN [ 226 ADDRESS The	n, metasta  MINAL DISEASE OR CON  200 AUTOPSY?  YES NOW  RED (ENTER NATURE OF INJL  CITY OR 10  DATE OF THE MEDICAL STA  DIRECTOR PHYSIC  Clinical	206 IF YES IN CERTIFY YES	One  EN IN PART Ita  WERE FINDIN YING CAUSES S  ART LORPART 2)  COUNTY  24, 1981  rand from the c  22c DATE S  Sept  er, Na	GS USED OF DEATH? NO  STATE  Control (March 1)
MEDICAL	gave rise to im couse (a), stati underlying caus  PART 2 OTHER SIG  19a DATE OF OPERA  21a. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED  21d. INJURY OCCUR AT WORK NOTIFY thank)  22a. I certify thank)  22d. PHYSICIAN'S N  Lorra:	INDERLYING CAUSE OF DEA	DUE TO. C    DUE TO. C   CONDITIONS C    19b CONE   19b CONE   19b CONE   21b TIME ( HOUR A   1)   21e PLACE   (AT HOME S    Septe ( 1) view the bad   Arrin,	with c  OR AS A CONSEQ  Ewing '  CONTRIBUTING TO  DITION FOR WHICH  OF INJURY  A.M. MONTH  P.M.  OF INJURY  TREEL FACTORY OFFICE  THE death  MD	DUENCE OF S SAT O DEATH BUT CH OPERATION  DAY YEAR 19  E FARM EIC)  SEPT.	LUCATION  216 LOCATION  216 LOCATION  216 LOCATION  217 LOCATION  218 LOCATION  218 LOCATION  218 LOCATION  218 LOCATION  218 LOCATION  219 ATTENDING  PHYSICIAN [  220 ADDRESS The  Institutes	RED (ENTER NATURE OF INJUDENT OF THE DIRECTOR DE PHYSIC  CLINICAL  MEDICAL  MEDICAL  MEDICAL  MEDICAL  MEDICAL  MEDICAL  CLINICAL	206 IF YES IN CERTIFY YES	One  EN IN PART Ita  WERE FINDIN YING CAUSES S  ART LORPART 2)  COUNTY  24, 1981  rand from the c  22c DATE S  Sept  er, Na	GS USED OF DEATH? NO  STATE  Control (March 1)
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page 3

injury, or other traumatic event, the medical

IMPORTANT: If them 21 is marked or them 18 shows any

within 24 hours after death. Page 4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	4	3	6	5

1 -	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO			
	CEASED NAME OR PRINT)	MAUD!		V. PO	OLE	AST	SEPTEMBE		1981	26. HOUR 5:00ag
3. SE	× Female	4	RACE White		5. DATE C		6 AGE (IN YEARS LAST BIRTH	The second second	IF UNDER 1 YEAR	IF UNDER 24 HRS
70 B	RTHPLACE (STATE OF I	OREIGN 71	CITIZEN OF V	what country A	MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY O	_	OF DEATH	MD.
	or town of DE		Montgo	mery G	enera	1 Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Housewi	WORKING LIFE		F BUSINESS OR
13a :	AL RESIDENCE (IF NUR STATE [aryland	13h COUNT Montgo	Υ	GIVE RESIDENCE BEFO 13c CITY OR TOV Germant	NN	13d INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS 22400 Da	vis M	ill Rd.	
	Thomas	3	DDLE	Oden		15 MOTHER'S MAIDEN NA	WIDOLE		Carte	r
	WAS DECEASED EVER YES, NO OR UNKNOWN) NO	(IF YES, GIVE W		212-14-		Grover N.	Poole, Ite	m 13	15	
	18 CAUSE OF DEAT PART I. DEATH V	VAS CAUSED	BY	Reno	of Fo	eline			APPROXII BETWEEN C	MATE INTERVAL DNSET AND DEATH
	Conditions, if ony gove rise to im		DUE TO, OF	AS A CONSEOL	PIENCHOF	ation			lu	ick.
	couse (a), stoti underlying cous	ng the e lost	(c)	R AS A CONSEOL	NO	a Ruproi	dism			
TION	osteitis	telow	Sacu	profe	.AS	NOT RELATED TO THE TERM				
CERTIFICATION	9 9	31	Para	etter	oid C		YES NO	IN CERTIFY		
WEDICAL CE	2 to ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDIC	CAUSE OF DEATH	P./	M. MONTH (	DAY YEAR	21t HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	r IN ITEM IB, PA	ART I OR PART 2)	
MED		ORK		EET, FACTORY, OFFICE.	FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	И	COUNTY	STATE
	22a.1 certify that (1 saw the decease above, (1) (we) (	ed olive on_	919	6KL 19		nd that in (my) (our) opinion	, to death occurred on the do		ond from the	
	22b. SIGNATURE			1 .		DEGREE			22r DATE 3	SIGNED .

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 shauld be filed within 77% with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

DHMH - 16 60M 1/75 (VR A 15 (4))

DUSAN ITH ROW

23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

ATTENDING PHYSICIAN

E Dear Park,

STAFF PHYSICIAN

gaithersburg

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Sept. 30, 1981 24 FUNERAL DIRECTOR NAME Olin L. Molesworth, P.A., Damascus, Md. Upper Seneca 23d. LOCATION CHYORIOWN Cedar Grove

MEDICAL

The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page/3 should be detached for use as the burial-tronsit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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STATE OF MARYLAND

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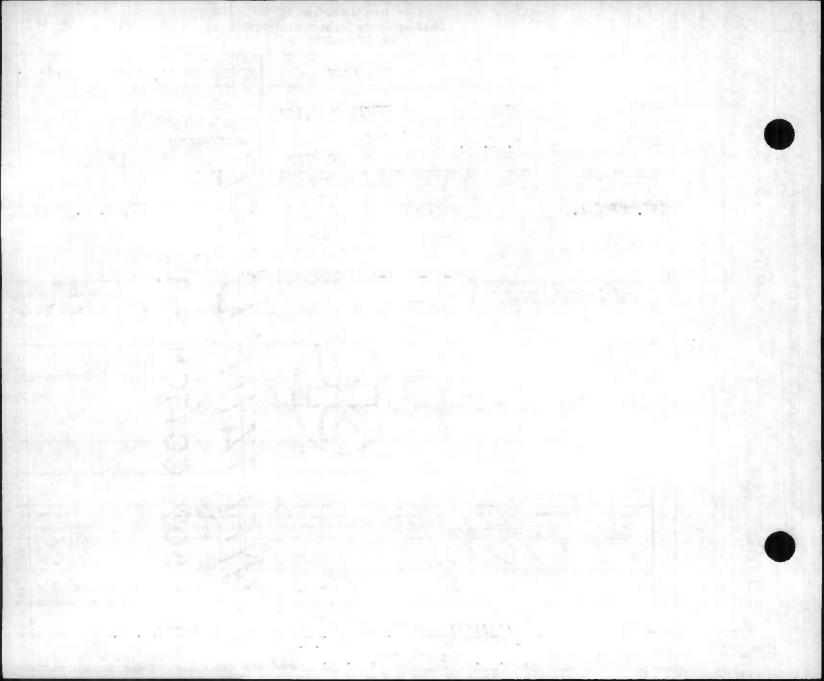
	REGISTRAR			EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.		
	CEASED NAME FIRST DORA	MIDDLE		ETSKY	SEPTEMBER 26,	1981	26 HOUR P
3. SE	X	4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
Fi	EMALE	WHITE	FEE	MIARY 6. 1892	89 YR	MONTHS DATS	
7a. 8	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8		9 BALTIMORE CITY OR COUN		
	USSTA	U. S. A. "	WIDOWE	DE NEVER MARRIED DE DIVORCED	MONTGOMERY		м
	EVY CHASE	NAME OF HOSPITAL, NURSING HOME OR OTHER CENTURY NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  ETHESDA RETTREMENT AND NURSING			120. USUAL OCCUPATION (17PE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE 1120. INDUSTRY		F BUSINESS
019	AL RESIDENCE (IF NURSING HOUSE CTATE ST. OF COL	DTHER INSTITUTION, GIVE RESIDENCE BEFOR 136. CITY OR TOV WASHING		13d. INSIDE CITY LIMITS? YES X NO	3900 16TH STRE	ET. N. W	. #638
	ATHER'S NAME ELTEZER	MIDDLE BEITCH		15. MOTHER'S MAIDEN NAI RACHEL	WE	UNKN	ĎwN
	WAS DECEASED EVER IN U.S. A	IRMED FORCES? 166 SOCIAL SECTION OF SECTION 166 SOCIAL SECTION 166 SOC	SOCIAL SECURITY NO. 17 INFORMANT 7501 THELMSDALE R				D
	Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSTOU	JENCE OF	Dati Heren	& Dicore		
	couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	JENCE OF				
L CERTIFICATION	PART 2. OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING TO  196. CONDITION FOR WHICH	DEATH BUT I	N WAS PERFORMED	200 AUTOPSY? 20b IF	YES, WERE FINDIN RTIFYING CAUSES YES []	4GS USED
MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT  190. DATE OF OPERATION	CONDITIONS CONTRIBUTING TO  19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH D	DEATH BUT I	N WAS PERFORMED	200 AUTOPSY? 20b. IF IN CER	YES, WERE FINDIN RTIFYING CAUSES YES []	IGS USED OF DEATH?

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retained by the haspital ar attending physician.

DHMH-16 30M 2/80 (VRA 15, 4)

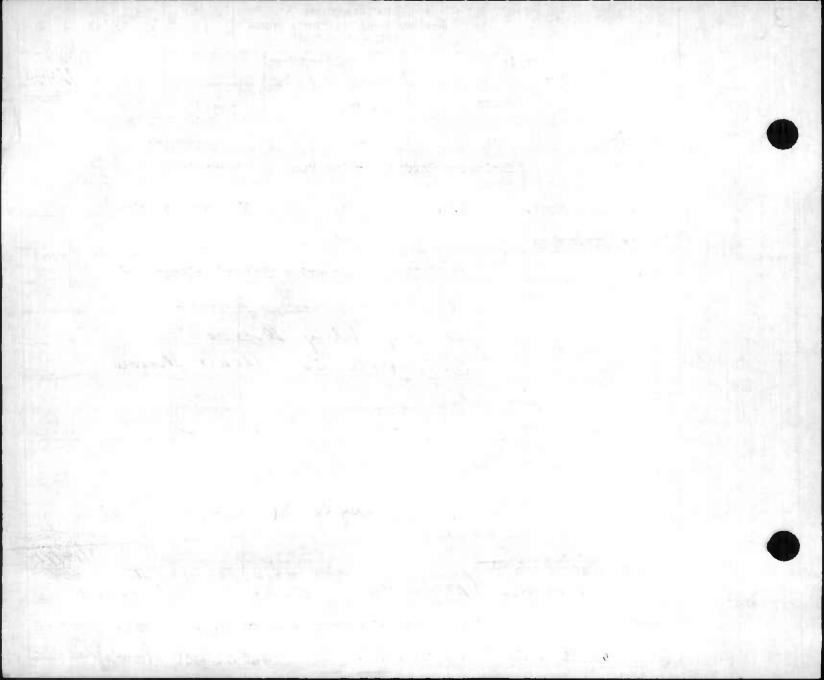
BURIAL CREMATION, REMOVED 9/28/1981 DIST OF COLL LODGE WASHINGTON D. C. PUNERAL DIRECTOR DONALD M. STEIN HEBREW MEMORIAL F. H. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE CARROLL STREET, N. W. WASHINGTON, D. C.



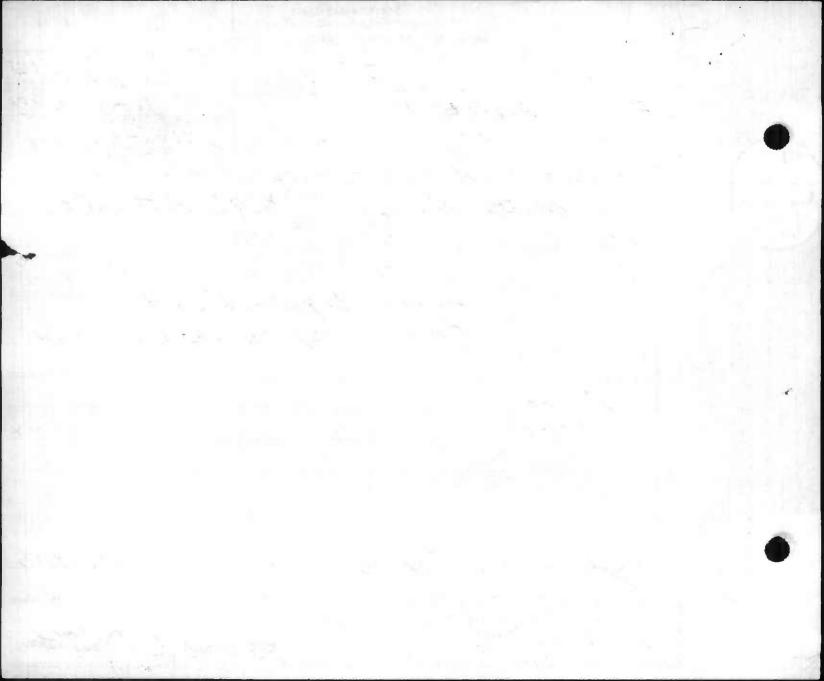
DHMH - 16 50M 1/81 (VRA 15, 4)

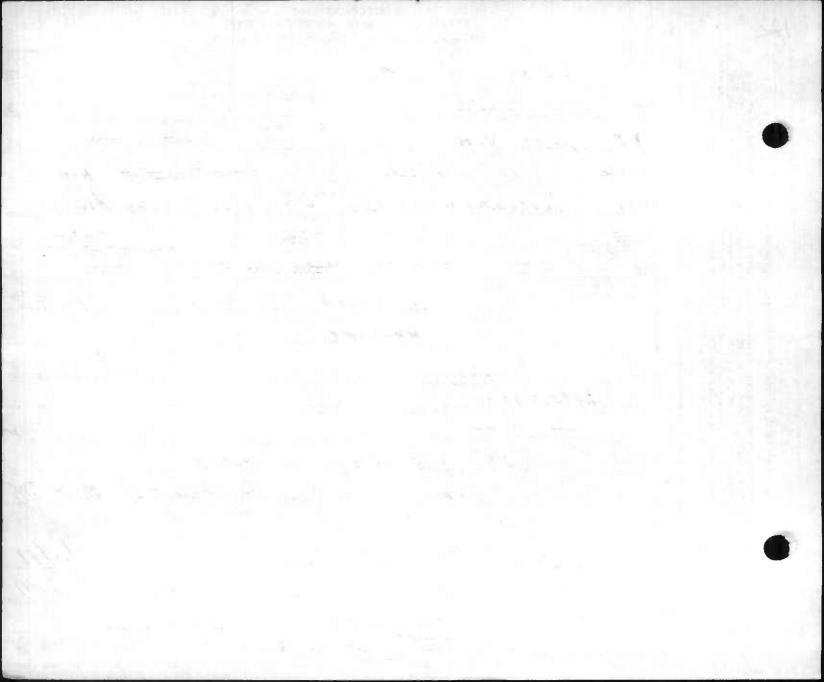
Female  White  4/20/78  103  78. SIRTHPLACE (STATE OR FOREIGN COUNTRY)  Greece  USA  WOOWED DAY  MARRIED NEVER NEVER MARRIED NEVER	1	1-	STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 4  REGISTRAR CERTIFICATE OF DEATH  REG. NO.						4 3	6 /	
Female  White  4/20/78  103  78. SITTEPLACE (STATE OR FOREIGN COUNTRY)  Greece  USA  WOOWED DAY  MARRIED NEVER MARRIED DOWNCED DOWNCED MONT COUNTRY OF D  WOOWED DOWNCED DOWNCED DOWNCED DOWNCED D  IS BALTIMORE CITY OR TOWN OF D  WOOTH COUNTRY OF D  WOOMED DOWNCED DOWNCED DOWNCED DOWNCED D  IS BALTIMORE CITY OR TOWN OF D  WOOTH COUNTRY OF D  WOOD COUNTRY OF TOWN OF THE SITURIOR OF THE STORT OF THE SEASON COUNTRY OF THE STORT OF THE STORT OF THE SEASON COUNTRY OF THE STORT OF TH	(TYPE OR PRINT) GEORGIA		orgia	Poulimenakos		IMENKOS	9	1981	6:45A		
COUNTRY   Creece   USA   WIDOWED   DIVORCED   Montgomery   USA   WIDOWED   DIVORCED   Montgomery   USA   WIDOWED   DIVORCED   Montgomery   USA   WIDOWED   DIVORCED   Montgomery   USA						103 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS AIN			
Kensington  Island Kensington  Island Kensington  Island Kensington  Island Kensington  Island Kensington  Kensington  Mont  S.S.  Island Inside City Limits?  Rad Inside City Limits.  R	7		Greece		USA		WIDOWE	DIVORCED	Montgomery		MI DF BUSINESS OF
136 STATE   136 COUNTY   131. CITY OR TOWN   131. STATE   136 STREET ADDRESS   8301 Navahoe Drive   8301 Navahoe Drive   8301 Navahoe Drive   14 FATHER'S NAME   15. MOTHER'S MAIDEN NAME   FIRST   MIDDLE   16. MOTHER'S MAIDEN NAME   FIRST   MIDDLE   16. MOTHER'S MAIDEN NAME   FIRST   MIDDLE	Ó	Kensington Kensington			igton Ga	h <sup>™</sup> Garden Nursing Home				00011423301	
Thomas Economakos  Thomas UNK  Thomas Economakos  Thomas Economakos  Thomas Economakos  Thomas Economakos  Thomas Economakos  Thomas UNK  Thomas Economakos  Thomas E	F		TATE	13b COU	NTY	13c. CITY OR TO				ive	
None    Same   None	0		FIRST	omako		LAST		FIRST		LAS	at .
PART 1. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  Causly required for facilities  Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Same						ame as	above			
Conditions, if any, which gove rise to immediate cause 101, stoting the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF LEAST LEAST ACCUMENTATION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN				'AS CAUSE	D BY			equialy	Jeviluro	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
underlying cause last.    Calculation   Least flexeste     PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN			Conditions, if any, which ( (b) Cornay ofley Deserge								
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN											
4 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES. WER		ATION			Semil	ity					

1	COUNTRY)		MARRIED	NEVER MARRIED	_					
Greece		USA	WIDOWE		Montgomery	M				
т.	io. City or town of death Kensington		HOSPITAL, NURSING HOME O HEACHTY GIVE GAT TENS) NU		TWO THE TOTAL OCCUPATION (TYPE HOUSEWITE WORKING LIFE)	12b. KIND OF BUSINESS OF INDUSTRY				
		OME OR OTHER INSTITUTION COUNTY		134 INSIDE CITY LIMITS?	13e STREET ADDRESS 8301 Navahoe Dri	ve				
	4 FATHER'S NAME FIRST Thomas Economa	MIDDLE 1kos	LAST	Tasia UNK	WE	LAST				
	60 WAS DECEASED EVER IN U. (YES NO OR UNKNOWN) (IF Y	S. ARMED FORCES? ES, GIVE WAR OR DATES)	16b SOCIAL SECURITY NO. 220 54 1134 T	17 INFORMANT  Katherine C	<sup>ADDRESS</sup> Sa hristokos(Daughte					
	18 CAUSE OF DEATH IEM PART I. DEATH WAS C	ter only one couse per AUSED BY: EDIATE CAUSE (o)	Cauled 1	enjurally	Jevilure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	Conditions, if any, while	ch ( (b)	Comay	Artery St	Prim					
	gove rise to immedia cause (a), stating the underlying cause las	he DUE TO, OF	CALLUMN	linte	Heart Heres	re				
CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0									
	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO NO					
	OR COLUMNIA CALIFE	OF DEATH HOUR A.	M. MONTH DAY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	IT OR PART 2)				
	VECTORINGUING LAUSE  (IF EITHER NOTHY MEDICAL EXA  21d INJURY OCCURRED  WHILE NOTWHILE LATWORK AT WORK	21e. PLACE (	OF INJURY  EET. FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE				
l	sow the deceased ali	22a. I certify that (I) (this haspital) attended the deceased from								
	226. SIGNATURE	226. SIGNATURE DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 19/19/81								
	22d. PHYSICIANUS NAME (Wilher)	mme	CAMINA TU	22e. ADDRESS 451	Earlo Med 2	2085.3				
2	230 BURIAL, CREMATION, REMO (SPECIFY) <b>Burial</b>	23b. DATE 9/22/		METERY OR CREMATORY Heaven Cemet	23d LOCATION CITYOR TOWN  ETY S.S. Mon	county State				
1	24 FUNERAL DIRECTOR	31221	or Gate of	250 DAT						
	Hines/Rinaldi	F.H.11800	N.H.Ave.S.S.Mo	d.	SEP 22 1981 Am	me ganllerin				



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attending physician and completely filled in by the ave-carbonpopers. Pages 1 and 2 should be filed a

# FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.				
I DECEASED NAME FIRST	M-BOLE.	SASI	IN DATE OF DEATH MONTH	DAY YEAR. 25 HOUR			
Otilie	S. Reed		September 11,	1981 5:15Pm			
3.5EX	4 RACE	3. DATE OPBRTH	6. AGE JA VEARS (ALI BRIHDAY)	PUNDER I YEAR PUNDER SANKS			
Female	Caucasian	Jan. 19, 1902	17/2	MONTHS DAYS HOURS MIN.			
FR. BERTHPLACE STATE DATION	Th CITIZEN OF WHAT COUNTR	Y? L. MARRIED . NEVER MARRIED .	9 BALTIMORE CITY OF COUR				
Maryland	USA	WIDOWED W DIVORCED	Montgomery Co	unty MD.			
ME CITY OR TOWN OF DEATH	TI. NAME OF HOSPITAL, NURS	SING HOME OF OTHER INSTITUTION	17s USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	17b. KIND OF BUSINESS OR			
Olney	Want want Can	amal Waamital	Bookeeper REt. 1	Metro Media D.C.			
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1000	ntgomery Olney	YES 😾 NO 🗌	18201 Marden	Lane			
I FATHER'S NAME	MODES IAST	13. MOTHER'S MAIDEN	NAME MODE	000			
Charles	Saul	Annie	Elizabeth	Milford			
THE WAS DECEASED EVER IN U.S.	ARMED FORCEST. 166 SOCIAL SE	CURITY NO 17 INFORMANT	ADDRESS				
USA no	579-20-4	4710 James M. Cr.	aven 203 Yoakym	Pkwy, Alex.Va.			
II CAUSE OF DEATH (EITH PART I, DEATH WAS CA	only one cours per light or a the	July Jane	7	SECURE OF STATE OF STATE			
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Conditions, if any, which		gel men logg	May	A //2000			
gave rise to immediate	DUE TO DRASACONGE	K L / Poboleto	e Labour Mary	A dam			
underlying couse fort	O M	MAN ASMA	1 ha mound	10 mary			
	NT CONDITIONS CONTRIBUTING 1	O DEATH BUT NOT RELATED TO THE TE	ERMINAL DISEASE OF CONDITION	GIVEN BY PARTY (S)			
THE CERTAIN OF THE STATE OF THE	The CONDITION FOR MAIN	CH OPERAL ON WAS DEREDRINED	70s AUTORSY? 70h IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?			
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	THE PARTY AND ASSESSED FOR THE PARTY OF THE	DAY YEAR THE HOW INJURY OCC	URRED LENTER NATURE OF HIGHS IN COM	18, PART 1 OR PART 2)			
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THE INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	THE LOCATION	City Ok TOWN	COUNTY STATE			
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	ospital) utended the deceased from	A 1	10 9	19 A thur (II (we) last			
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TA SIGNATURE	THE SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D						
224 PHYSICIANS MAMEY	(M CR PRINT)	122 ADDRESS	1. 1 11	Mal.			
(-H-	Man W	TATILITY.	A Mys DX ON	Why by 2000			
23s BURIAL, CREMATION, REMO	VAL ZIL GATE	L NAME OF CEMETERY OR CREMATOR	CITY/ON TOWN	COUNTY ALL STATE			
Duria1	0 15-01	Ft. Lincoln	V Bladens!				
TA ELERAL DIRECTOR	acty Frentherenewes	25a C	DATE REC'D. BY REGISTRAR 254, 850	1 1 m / / 4/2 leger			
market sa	no alex.	Va	SEP 2 1 1981 175	mr J			

DHMH - 16 60M 1/75 (VR A 15 (4))

O HOSPITAL OR ATTENDING PHYSICIAN: The

with the State Dept. or recommend or from 18 phows ony MPOSTANT. If from 21 is marked or from 18 phows ony

TO FUNERAL DIRECTOR, After this or hould be deteched for use in the bus with the Store Dept. of Health and Me

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# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Ca	Gn I	0	1	4

	ECEASED NAME FIRST		MIDDLE	↑ LAS	T	2a. DAT	REG. NO	нтиом	DAY YEAR	2b HOUR
(TYP	JQ (	seph 1	Villiam	Re	e1105	Sr		9	16 81	1107
3. SE		4 RACE		5. DATE OF			(IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEA	
	M ALE	W H	ITE	MONTH	28 17	64		YRS	MONTHS -DAY	HOURS
7a. B	SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIED '	XX NEVER MARRIED	9 BALTI	MORE CITY O		Y OF DEATH	
N	INA SCOT	A 215A	The Control	WIDOWED		in Ma	nt 90 M	hery		
10. C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING	G HOME OR	OTHER INSTITUTION	12a USL				OF BUSINESS
151	LVER SPKING	HOLY	CR055	DURESS			WORK FOR MOST O		S. ARMY	
USU 130		ME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	24 INICIDE CITY I IVAIT				-	TCCT ZIC
	100	TGOMERY	SILVER ST		3d INSIDE CITY LIMITS		O16 COL	FRIDO	GF DRIV	F # 3
	ATHER'S NAME				5. MOTHER'S MAIDEN			CICIOC	JE DICE	-,
	WILLIAM	JOSEPH	REEVES	S	LILLI	AN	WIDDLE		CAEDDY	AST
		. ARMED FORCES?	166 SOCIAL SECUR		7. INFORMANT	7.07	ADDRE	SS	CITEDO	-
	YES NO OR UNKNOWN) 193	7-1960	017-12-76	602	OLA M. RE	EVES	SAME	AS 13	3 W	IFE
	18 CAUSE OF DEATH  Ent						0.110	, , ,		XIMATE INTERVA
	3570	DUE TO, O	Sange RAS A CONSEQUEN	NCEOF	sm is	leste	+			
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TIFICATION	Canditions, if any, whice gove rise to immediate couse (a), stating the underlying cause lass	DUE TO, O  be (b) (c) (c) (c) (c) (c)	Phronb RAS A CONSEQUEN Uthero	NCE OF SEATH BUT NO			UTOPSY?	20b. IF YE	S, WERE FINE	INGS USED
CAL CERTIFICATION	Canditions, if any, whice gove rise to immediate couse (a), stating the underlying cause lass.  PART 2 OTHER SIGNIFICATION  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DUE TO, O  the by the conditions of the conditio	R AS A CONSEQUENT OF INJURY M. MONTH DAY	NCE OF LEATH BUT NO		200 A	UTOPSY?	20b. IF YE IN CERTI	S, WERE FIND IFYING CAUSI ES []	INGS USED
MEDICAL CERTIFICATION	Canditions, if any, whice gove rise to immediate couse (a), stating the underlying cause loss.  PART 2 OTHER SIGNIFICA  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE CONTRIBUTING CAUSE CONTRIBUTING NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING NOTIFY MEDICAL EXAMINATION OR CONTRIBUTING NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING NOTIFY MEDICAL EXAMINATION OF CURRED NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING NOTIFY MEDICAL EXAMINATION OF CURRED NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF CURRED NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF CONTRIBU	DUE TO, O  DUE TO, O  (b) _ e  P  DUE TO, O  (c) (c) (c)  DUE TO, O  (d) _ e  DUE TO, O  (e) (c) (c)  I 9b COND  G I 19b COND  G I 19b TIME O  HOUR A.  P. P.  21e PLACE	R AS A CONSEQUENT OF INJURY M. MONTH DAY	NCE OF EATH BUT NO	WAS PERFORMED	200 A	UTOPSY?	20b. IF YE IN CERTI YI RY IN ITEM 18	S, WERE FIND IFYING CAUSI ES []	INGS USED
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DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by I should be detached for use as the burial-transit permit. Then please remave carbonpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

ARLINGTON NATIONAL

VIRGINIA

BURIAL 9/18/81
24 FUNERAL DIRECTOR FRANCIS J. COLLINS 500 UNIV. BLVD., W., SILVER SPRING, MD. 20901

ARLINGTON I SEP 18 1981 Zancas

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the function should be detached for use as the burial-transit permit. Then please remove carbonoopers. Pages 1 and 2 should be filed writing with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

WHORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the medical examiner myst be patified.

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE BEGISTRAR CERTIFICATE OF DEATH

STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYGIENE	1	2	4	3	7	2
CERTIFICATE OF DEATH	PEG NO					

REGISTRAR	CERTIFICATE OF DEATH	REG. NO.	
I. DECEASED NAME FIRST MIDDLE	LAST	20 DATE OF DEATH MONTH D	AY YEAR 26 HOUR
(TYPE OR PRINT) W	Rejantler	September	27.198 12 30 N
3. SEX 4. RACE	5. DATE OF BOTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER THES
Male C	MONTH DAY YEAR	Q3 YRS	ONTHS DATS HOURS MIN.
10. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT C	OUNTRY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
Maryland USH	WIDOWED DIVORCED	Montgomer	4 County ME
11. NAME OF HOSPITA	L, NURSING HOME OR OTHER INSTITUTION	12g USUAL OCCUPATION  TYPE OF WORK FOR MOST OF WORKING LIFE	INDUSTRY
Kaaithersourg Shady (	grove Haventist Hay	a Disabled	I TOO ON THE
JUSUAL RESIDENCE HE NURSING JOME OF OTHER INSTITUTION, GIVE RESIDENCE TO THE STATE TO THE STATE OF THE STATE	Y OR TOWN 14 1134 INSIDE CITY HMITS?	13e STREET ADDRESS	
Maryland Mortanery Ri	OCKINE YES NO !	1 Paca +	lace
14 FATHER'S NAME	15. MOTHER'S MAIDEN NA	AME	
The state of the s	LAST FIRST	WIDDLE	LAST
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOI	CIAL SECURITY NO. 17 INFORMANT	ADDRESS	
(TES NO OR UNKNOWN) (IF TES, GIVE WAR OR DATES) 215	10 2534		
18 CAUSE OF DEATH (Enter only one couse per line for	o), (b), and (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	DIBSENTE SHOCK - TROM	IBUSU ADRTA	I WE'KIR
444D DUE TO, OR AS A C		7	
Conditions, if any, which	aton aunimagn Litem	PARAPUFALA	INFEK
gove rise to immediate couse (a), stating the DUE TO, OR AS A C		3. 13. 17. 1. 12. 17.	
underlying source local	NO NORW INEU FRUSIENCY		10451124
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVE	N IN PART Tro
190 DATE OF OPERATION 196 CONDITION FO			
5 190 DATE OF OPERATION 196 CONDITION FO	DR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES,	WERE FINDINGS USED
L E		YES NO YES	ING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY	Y 21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT ( OR PART 2)
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MC	19		
OKCONINIBUTING CAUSE OF DEATH  OF STREET FROM CONTRIBUTING P.M.  21d. INJURY OCCURRED		CITY OF TOWN	COUNTY STATE
WHILE AT WORK AT WORK	MY OFFICE, FARM, ETC.)		SIAIT
220.1 certify that (I) (this hospital) attended the deceas	ed from 12 , 19 21		9, that   ) (we) lost
sow the deceased alive on above, (1) (we) (did) (did not) view the body after dec	19, ond that in (my) (our) opinion	death occurred on the date and hour	and from the couses stated
22b. SIGNATURE	DEGREE		224. DATE SIGNED
V/m//	ATTENDING PHYSICIAN J	MEDICAL STAFF DIRECTOR PHYSICIAN	18/20/18
22d. PHYSICIAN'S NAME   TYPE OR PRINT)	22e ADDRESS	7	
GRE 60218 2078	13 5 DEGR	PORKOR. GATH	TRIBUPG POD
230 BURIAL CREMATION REMOVAL 236 DATE	236 NAME OF CEMETERY OR CREMATORY	23d. LOCATION	2 1
Burial 9/29/81	Mt. Olivet Cemt.		red. Mare

DHMH - 16 50M 1/81 (VRA 15, 4) G. Douglas Stauffer Rt. TUS Fred. Md.

DATE REC'D. BY REGISTRARY REGISTRAR'S SIGNATURE

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injury, or other traumatic

FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Cas	- 9	1		400

1	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
1	T DECEASED NAME FIRST ITYPE OR PRINT) Edwa		J.		icer	20 DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
١	3 SEX	4_RACE	0.	5 DATE C	OF BIRTH	Septembe AGE   IN YEARS LAST BIR		, 1981	3:30PM
ı	MALE	CAUCASIA	/N	Febr	uary 26, 1903	78	YRS	MONTHS DAYS	HOURS MIN
1	78. BIRTHPLACE (STATE OR FOREIGN COUNTRY) New Y ork	76 CITIZEN OF	STATES	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	BALTIMORE CITY OF Montgome	_		MD
7	10 CITY OR TOWN OF DEATH Olney	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADORESS)	or other institution  1 Hospital	120 USUAL OCCUPAT TYPE OF WORK FOR MOST OF Civil Engi			F BUSINESS OR
			GIVE RESIDENCE BEFORE	N	13d INSIDE CITY LIMITS?	13. STREET ADDRESS 95 Dawson	_	nue	
1	14 FATHER'S NAME FIRST Harry	WIDOLE	Ricer		Winifred	MIDDLE		Mosbach	
	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR OATES)	166 SOCIAL SECU		Anne E. Rice	and	2dr		71
	Conditions, if any, which	ATE CAUSE (a)	CPRDIO	REW!	L 180CK	E FAILURI	£	approxi Briween	DAY!
	gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OI	RASA CONSEQUE		IF ART DIVERSE			5	FARS
	PART 2 OTHER SIGNIFICANT		ONTRIBUTING TO	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION G	IVEN IN PART 100	1
-	HIPERTEMION  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	(1)	TION FOR WHICH	M OPERATIO	n was performed	20a AUTOPSY?	IN CERT	ES, WERE FINDIN IFYING CAUSES 'ES []	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF RITHER, NOTHEY MEDICAL EXAMINE  WALLE STATEMENT OF THE TOTAL WHILE TO	EAIN	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18.	PART 1 OR PART 2)	
	WHILE NOT WHILE AT WORK	21e. PLACE ( (AT HOME, STR	OF INJURY IEET, FACTORY, OFFICE, F.		21f LOCATION STREET	CITY OR TO	VN	COUNTY	STATE
	22a I certify that (I) (this has saw the deceased alive a abave, (I) (we) (did) (did r	n 9/12	19	M M	H 19 1P nd that in (my) (our) opinion o	to SEVIEM () death accurred on the d	ate and ha		that (I) (we) last causes stated
	22b. SIGNATURE	Ann	ak /		DEGREE ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC		22c. DATE	D 181
	226. PHYSICIAN'S NAME (TYPE	OR PRINT)	MA		22e ADDRESS	Caith	orch	IIICA MD	

should be detoched for use os the burrol-tronsit permit. Then please remove c with the State Dept. of Heolth and Mental Hygiene prior to burial, crematian, IMPORTANT: If Item 21 is marked or Item 18 shows any TO FUNERAL DIRECTOR: retained by the hospital

ATTENDING PHYSICIAN: The

DHMH - 16 60M 1/75 (VR A 15 (4))

Gregorio Koss, M.D

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

23d. LOCATION

E. Deer Park Dr.

20760

MD

Gaithersburg

FAIRFAX VIRGINIA OLITAN CREMATORY ALEXANDRIA HOMES P/A 250 DATE PEC DE PEGISTRAPISTO DE PEG ROBERT 24 FUNERAL DIRECTOR

AVE. ROCKVILLE MARYLAND

13-15

completely filled in by the

medical exam

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbanpapers, Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, or other traumatic event, the

requires that the death certificate be executed within 24 hours aft

OR ATTENDING PHYSICIAN: The law

TO HOSPITAL

BP

DHMH - 16 50M 1/81 (VRA 15, 4)

etoined by the hospital or attending physician.

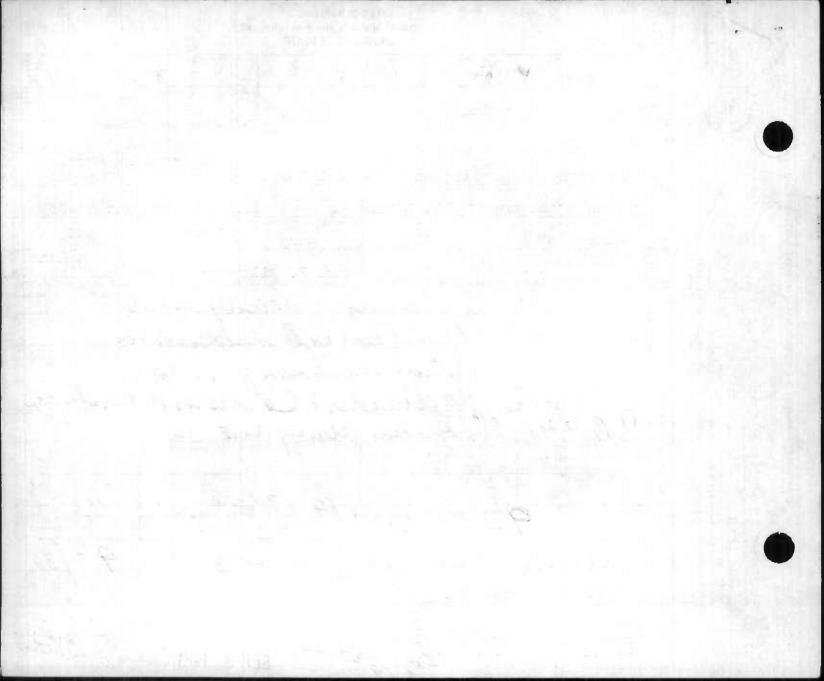
### STATE OF MARYLAND FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG NO

	CEASED NAME FIRST E	ARL ^	P.	Ric	RICKMETER	20 DATE OF DEATH Sept	MONTH DAY	YEAR 981	26. HOUR
3 SEX	Male	4 RACE Whit	e	S. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BE	PRTHDAY) IF UNITED MONTH		IF UNDER 24 HR HOURS MIN
C	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF		MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	COLYEN		,
1	Bethes DA	Sub (	HOSPITAL, NU H FACILITY, GIVE	STREET ADDRESS) /	Spital	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST Founder	OF WORKING LIFE) IN	DUSTRY	BUSINESS C
1 13a S	AL RESIDENCE (IF NURSING HOME OF TATE THE TATE OUT	OTHER INSTITUTION	13c CITY OR	BEFORE ADMISSION) TOWN ngton	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 5810-32nd			
	Rudolph	WIDDLE		meier	15. MOTHER'S MAIDEN NA FIRST	AME MIDDLE		Kalen	
	VAS DECEASED EVER IN U.S. AR VES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES?		0-0014	Mary A MacM	ADDR Jaster 9824	ESS Silcer Georgia	Spri	ng, Mo
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT (CART OF OPERATION	196 CONDI	R AS ACONS  ONTRIBUTING  R E  TION FOR W	HICH OPERATIO	NOT RELATED TO THE TERM	MINAL DISEASE OR COM	DITION GIVEN IN  20b. IF YES, WEI	RE FINDING	
MEDICAL CERTIF	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21b. TIME OI HOUR A.A P.A 21e. PLACE O	M. MONTH M. DF INJURY		216. HOW INJURY OCCUR	YES NO RRED (ENTER NATURE OF INJU	YES		NO _
	220.1 certify that (1) (this hospi sow the deceased alive an above, (1) (we) (did no 22b. SIGNATURE	9 - 19 st) view the body	-	.19, or	DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	death occurred on the d	1	- /	
23a BI	BERNY URIAL, CREMATION, REMOVAL	J. K	RE	23¢, NAME OF C		DAR CN	. BE	TH	. MA
(5	Burial INERAL DIRECTOR Josep NAME 5130 Wisc.	9/23/1 h Gawler	1981	Mt. Oli	vet Cemetery	Washing TE REC'D. BY REGISTRAR		C.	STATE

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Marin 2000 Dec. Caret Tenetory Tenetors 1.6.

- 1	FOR	DEDARTA	STATE OF MAKTLAND	9 1 9	1 3 7 5		
-1	- STATE REGISTRAR	DEPARTR	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH				
1	. DECEASED NAME FIRST	MIDDLE	IAST	REG. NO.			
	(TYPE OR PRINT) HARR	Y Ralph	Riley	20 DATE OF DEATH MONTH	3-8/ 2b. HOUR		
3	SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 F		
1	Male	white	MONTH DAY 18 96	85 YRS	AONTHS DAYS HOURS M		
1	Ta. BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH		
N	New Hampshire	USA	WIDOWED DIVORCED	Montgome	ery		
1	O CITY OR TOWN OF DEATH	<ol> <li>NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)</li> </ol>	G HOME OR OTHER INSTITUTION	120 USUAL OCHUSANOLE TO WORKING IN	124 NIND SEPSINESS		
	Takoma Park		Adventist Hosp.	Retired	Weapons		
T	USUAL RESIDENCE (IF NURSING HOME OR 138). STATE			I			
2	Maryland Mont	gomery Sil. S	pringyes 🕱 NO 🗌	13e STREET ADDRESS 1110 Fidler La	ne # 609		
1		MIDDLE LAST_	15. MOTHER'S MAIDEN NA	WE	LAST		
1	Peter	Rile	y Mary		Coffey		
1/	60 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS 9 S	imeon Lane		
	No	578-56-	8058 Mark F. Ri				
F	18 CAUSE OF DEATH (Enter on			/ /	APPROXIMATE INTERVAL BETWEEN ONSET AND DE		
ŀ	PART I. DEATH WAS CAUSE	D BY:	2.001 - 001	100 / miles	BETWEEN ONSET AND DE		
Ш	I G A S IMMEDIAT	TE CAUSE (o)	- rece	the factory			
н	1820	DUE TO OR AS A CONSEQUE	NGEOF				
	Conditions, if any, which gove rise to immediate	(b) Ouc	rement !	Mexasteta	2		
	couse (o), stating the	DUE TO ORASA CONSEQUE	NCE OF	4			
П	underlying couse lost	1 dely	ourcinaria	A Markolo			
ł	_ / / ^ . / .	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	MALAISEASE OR CONDITION GIVE	N IN PART		
	3	io, Mecon	un host (d	Sanas ANK	us duce		
7	190. TATE OF PPERATION  21/2 ACCIDENT VAS UNDERLYING	195 CONSTION FOR WHICH	OPERATION WAS PERFORMED	, 20a AUTOPSY 20b. IF YES,			
	# Dale 13 198	81 Otos Breen	4. Ilhingen	THE NORTH YES	ING CAUSES OF DEATH?		
7	2/0 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCUR		NO [		
	OD CONTRIBUTION OF CAUSE OF DE	HOUR A.M. MONTH DA	Y YEAR	TEMERINATURE OF INJURE IN TEM TO PA	KII OKTAKI 2)		
	(IF EITHER NOTIFY MEDICAL EXAMINER		19				
1	(IF EITHER NOTIFY MEDICAL EXAMINER  21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE		
	AT WORK NOT WHILE AT WORK		116 8	1 10 - 2	7/		
1	22a.1 certify that (1) (this hospi	de the deceased from_	MANO 19 19 01	, 10 XUGULL	9 0/ that (1) (we)		
	sow the deceased alive on	1) Oct the body after death.	ond that in (my) (our) opinion	deoth occurred on the date and hour	and from the causes stated		
1	22b. SIGNATURE	They the body differ death.	DEGREE	1	22LDAYE SIGNED		
	4015	7- ( )	ATTENDING A	MEDICAL STAFF	@/2/21		
-	22d. PHYSICIAN'S NAME (TYPE O	4 Juge		DIRECTOR PHYSICIAN	10/2/01		
Т		0	22e. ADDRESS		/ /		
	Kenneth C	cruze, MD.					
2	30. BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	AME OF CEMETERY OR CREMATORY	23d LOCATION			
	Burial	9-8-1981 St	. Patricks	Hudson Rock	ingham N.		
2	4 FUNNAUDREDR E. PU	imphrey, Inc.	7 250 DAT	E REC'D. BY REGISTRAR 256. REGISTR			
2	4 FUNWarpinger E. Pu 8434 Ga. Ave.	mphrey, Inc., S.S. Md.	250 DAT	E REC'D. BY REGISTRAR 25h. REGISTR	ARSIGNATUR		

DHMH - 16 50M 1/81 (VRA 15, 4)



NAME 5130 Wisc. Ave. N. WORESS Wash, D.C. 20016

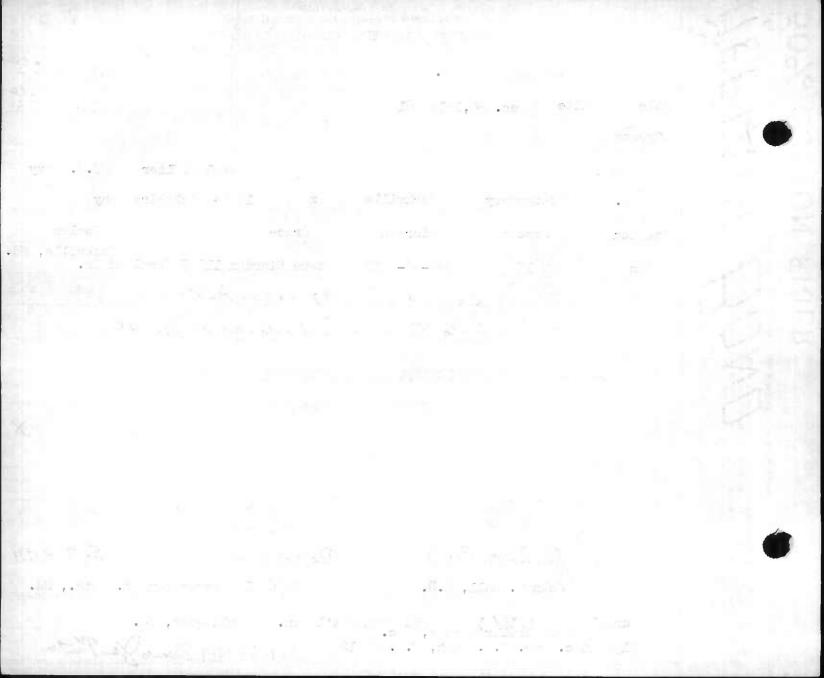
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25b. REGISTRAR'S SIGNATURE

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STATE OF MARYLAND

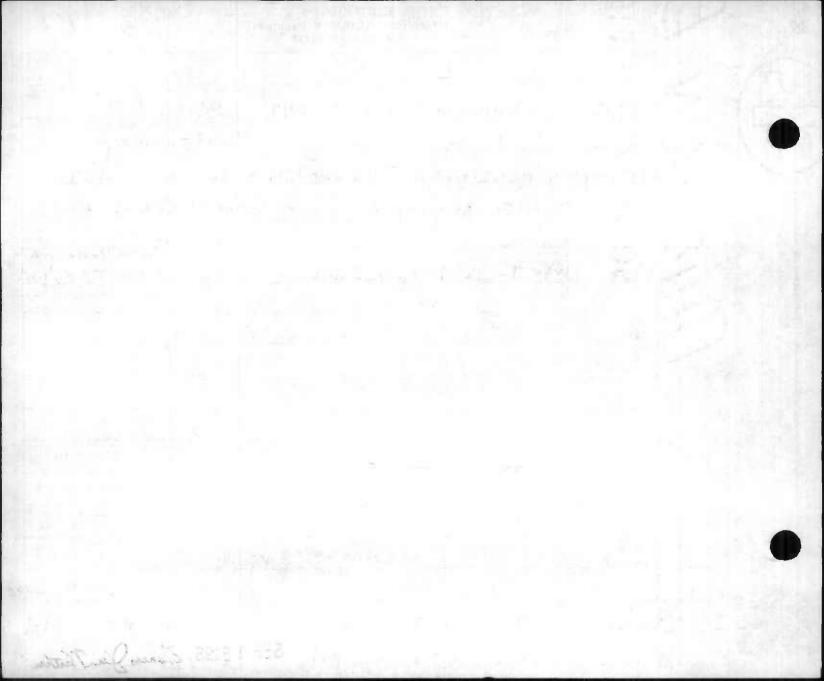


1						SIAII	E OF MARYLAND			- 13	2 3
1	1 -	FOR STATE REGISTRAR			DEPAR		EALTH AND MENTAL HY	9 ,	2 4	3	/ /
	1 DE	CEASED NAME	FIRST		WIDDIE		AST	REG.		YEAR	# 11011B
		OR PRINT)			1		0	Za DATE OF DEATH	0		26 HOUR
-			EON	ARD	_	K	COBB		9. 14.	81	2.30 8 M
4	3.5E	X.		4 RACE		5 DATE C		6 AGE (IN YEARS LAST			IF UNDER 24 HRS
		Mble			ASIAN	- NOL	A to the same trans	83	YRS		HOURS MIN.
70	/a. BI	RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY		NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	EATH	
100	(	26:0		U.S	5. A	WIDOWE		Mowi	Gomen	2	MD.
9,	10 C	TY OR TOWN OF DEA	-		HOSPITAL, NURS	ING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPA		L NIND OF	BUSINESS OR
10	n	ensing		Nens	i Wa Ton		ucleus N.H		nbN	Au	To
36	USG USG	AL RESIDENCE (FN)RS	13b COUN	MICHEN INSTITUTION.	13c. CITY OR TO	WN _ WY TON	13d INSIDE CITY LIMITS?	130 STREET ADDRESS		6 h	v e
	14. FA	THER'S NAME	11 ( 5		11/2:1-41	11-11011	15 MOTHER'S MAIDEN NA		CCOTATA	2 1	
Es		FIRST		MIDDLE	LAST		FIRST	WIDDIE		LAST	
20			un	· K				u ~	ik		
1		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	CURITY NO.	17 INFORMANT	ADD	RESS 11020	ROK	Cery Av.
	35	Ves	Wh		274-11	2-6144	BARBARA	12 m = w =	- GARRE	TTP	is mid
		18 CAUSE OF DEAT	H (Enter or	ly one source nes	line for (a) this	and as	CHO ALIO IDA ICKI		JA CITC		MATE INTERVAL INSET AND DEATH
		PART I DEATH W	AS CAUSE	Ď BY:		Eum	01110			BETWEEN OF	NSET AND DEATH
	-	F100	IMMEDIA1	E CAUSE (a)	7/02	. 4 ///	07077				
		0188		DUE TO, OI	R AS A CONSEO		,	7			
		Canditians, if any,	which	(b)_	CHRO	DIVIC	LUNG	DISEAS	i E		
		gave rise to imm cause ia, statir		DUE TO O	R AS A CONSEQU	LIENCE OF					
		underlying cause	last.	(()		OLITEL OF					
		PART 2 OTHER SIGN	JIEICANT (		ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERA	MINIAL DISEASE OR CO	NIDITION CIVEN IN	L D A D T. 1.	
	NO				21.11.100   11.0   C	J JEAN BOI	NOT KEEN ED TO THE TERY	AUITAL DISEASE OR CO	ADITION GIVEN IN	FARE HO	
_	Ĕ	190 DATE OF OPERA	TION	TIBL CONDI	ITION FOR WHIC	H ORERATION	N WAS PERFORMED	Lan. AUTORSV3	201 IE VEC 14/E	OF FINITION	00
9	10	140 DATE OF OPERA	11014	148 CONDI	HON FOR WHIC	.H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WEI		
de	CERTIFIC							YES NO	YES [		NO 🗌
9	8	21a, ACCIDENT WAS UNE		1100110 1		DAY YEAR	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF IN	JURY IN ITEM 18 PART I C	JR PART 2)	
	CAL	OR CONTRIBUTING []		1111		178	e e				
	MEDIC	21d INJURY OCCUR		21e PLACE	OF INJURY	-	211 LOCATION				
	A	W TON X X CO I	TILE [	AT HOME STR	REET FACTORY OFFICE	FARM ETC )	STREET	CITY OR	OWN	OUNTY	STATE
		10				5	1 17/		77.		
		220.1 certify that		(3) 1 10		P 1	19 74	ta	. 19	,	hat (I) (we) last
	- 11	saw the decease obave, (1) (we) (	ed alive an did) (did na	t) view the bady	after death.	8/ , an	d that in (my) (aur) apinian	death accurred an the	date and haur and	from the co	auses stated
	1	226. SHRYGATURE		1 -		(	DEGREE		13	22c DATE S	IGNED
3 - 1		Lapin	de 1	fe. 50	zu.	L	CLD ATTENDING	MEDICAL ST	AFF	9.1	4.81
		22d. PH BILLIAN'S NA		R PRINT)			PHYSICIAN /	DIRECTOR PHYS	ICIAN	-	/
1	30	00			man			whelt Ro	10-1100	0 01,	11/10-01
-	_	KAJI.		HK	SAR			entille Re	· carrey.	C/10(1	100 0 2014
	230 8	URIAL, CREMATION,	REMOVAL	23b. DATE	231	NAME OF CE	EMETERY OR CREMATORY	23d LOCATION		LIFE	63.446
	(	hema (i	Ma	19-15	5-8110	ed hr	11:H3	SuiThe	wd P	C	Mel
	_										

DHMH - 16 50M 1/IIII (VRA 15, 4)

24 FUNERAL DIRECTOR
W. W. Chambens

SEP 1 8 1981 Zances January



page 3

ttending physicion and completely filled in by the funeral directar, ve carbonpopers. Pages 1 and 2 should be filed within 72 ha<u>urs</u> afte

offending physicion

After this certificate has been signed by the ental Hygiene prior to burial,

IMPORTANT: If Hem 21 is marked ar Hem 18 shows

should be detached for use as the bu TO FUNERAL DIRECTOR:

# STATE OF MARYLAND

Ca	4	" dal	8	6

1 - STATE	CERTIFICATE OF DEATH										
REGISTRAR		CERTIFICATE OF DEATH	REG. NO.								
1. DECEASED NAME FIRST	WIDDLE	LAST	2a. DATE OF DEATH MO	NTH DAY YEAR 26 HOUR							
Murte	3.	Rodgers	9	20 1981 4: 40 AM							
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD)								
	44.444.4	MONTH DAY YEAR	AM	MONTHS DAYS HOURS MIN.							
TO BIRTHPLACE ASTATE ON FOREIGN	76 CITIZEN OF WHAT COUNTS	2 19 1894	9 BALTIMORE CITY OR C	YRS.							
COUNTRY)	76 CITIZEN OF WHAT COUNTR	MARRIED   NEVER MARRIED	_								
BALTIMORE, MO	USA.	WIDOWED DIVORCED		OMERY MD							
18 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	RSING HOME OR OTHER INSTITUTION REET ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WI								
GAITHERS BURG	HERMAN WIL	SOW HEALTH CARE CA	UTR HOME MA	KER							
	DUNTY 134, CITY OR TO		13e. STREET ADDRESS								
MARY LAND MA	MRIMERY GAILLY	CD B ADL YES NO D	201 RUSSE	LL AVENUE							
14. FATHER'S NAME	menical shun	15. MOTHER'S MAIDEN N.	Y. V.	FFRIENCE							
FIRST	MIDDLE LAST	FIRST	MIDDLE	LAST							
NATHAN	T BURY		ADDRESS	SHERIF							
160. WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? 166 SOCIAL SE	ECURITY NO. 17. INFORMANT	ADDRESS	12 RIVERSIDE DRIVE							
unknown	216-4	0-219510 BERNIEL	E EDEL :	SEVERMA PK. MO							
18 CAUSE OF DEATH (Ente	r only one cause per line for (a), (b),	, and (c).)	:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
PART I. DEATH WAS CAL	DIATE CAUSE (0) Cmy	the Hear ford	lur								
161110											
Conditions, if any, which	DUE TO, OR AS A CONSEC	when there	service 14	nerterin							
gave rise to immediate	gove rise to immediate										
underlying cause last.	couse (a), stating the DUETO, OR AS A CONSEQUENCE OF underlying couse last.										
DADY O CAMER SIGNATION	(c)										
	. 0	- 1	anthuti	ION GIVEN IN PART 1(0)							
Q VA	ni Merin	4	-	Ob. IF YES, WERE FINDINGS USED							
5 190. DATE OF OPERATION	196. CONDITION FOR WHI	ICH OPERATION WAS PERFORMED		N CERTIFYING CAUSES OF DEATH?							
190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING			YES NO	YES NO							
OR COLUMNIA IN IC CALLER OF	LICHER A MA MONITH		RRED (ENTER NATURE OF INJURY IN	TITEM 18 PART 1 OR PART 2}							
OR CONTRIBUTING CAUSE OF	DEATH	19									
(IF EITHER, NOTIFY MEDICAL EXAM	21e. PLACE OF INJURY	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE							
WHILE ONOT WHILE O	(AT HOME STREET, FACTORY, OFFI	CE, FARM, ETC ) SINEET	CITY OR TOWN	SIAIE							
	ospital) attended the deceased from	m 14/42/1 1081	in lead w	1957 , that (I) (we) lost							
saw the deceased alive	/ 4-	ke l	death accurred on the date	and hour and from the couses stated							
	not) view the body after death.	DEGREE		22c. DATE SIGNED							
ZZO. SIGNATURE	· h ·	ATTENDING	MEDICAL STAFF	- / /							
yeer	ner. M.D	PHYSICIAN		9/20/81							
22d. PHYSICIAN & NAME (TY	/PE OR PRINT)	22e ADDRESS									
finithela	11115 (AMINK	4914 1	DIIDNSI 16	schallo Rd Vissa							

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR Columbia Mortuary Services

230. BURIAL, CREMATION, REMOVAL

Removal

The (MINE

23b. DATE

CAMINA

Missouri Ave. Washington, D.C.

Sept.20, '81 Geo. Wash. Med. School

231 NAME OF CEMETERY OR CREMATORY

23d. LOCATION
CITY OF TOWN
Washington, D.G. 256 REGISTRAPS SIGNATURE

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FOR

page 3

ng physicion and camplet is bonpapers. Pages 3 and 2 m

certiticate has been signed by the attending physicial urial-transit permit. Then please remave carbon properties

this certificate has be

TO FUNERAL DIRECTOR: After

should be detached for use as the burial-transit permit. Then p with the State Dept. of Health and Mental Hygiene priar to bu IMPORTANT: If Hem 21 is marked or Item 18 shows any

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIFNE

2 4 3 7 9

1	- STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST FOR PRINT)  ANNA			GERS	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR 2 2 SI 9-17 TAN
3. SE 7a B		4 RACE CAUCAS	IAN 00	OF BIRTH DAY CT 25, 1890	6 AGE (IN YEARS LAST BATHDAY)  90 YRS 9 BALTIMORE CITY OR COUN	
10 C	AUSTRIA  ITY OR TOWN OF DEATH  AKOMA PARK	(IF NOT IN SUCH	A WIDOWE OSPITAL, NURSING HOME C I FACILITY, GIVE STREET ADDRESS) GTON ADVENTIS	OR OTHER INSTITUTION	MONTGOME  120. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING  CLERK	RY MD
130. S	AL RESIDENCE (IF MURSING HOME OF STATE 13b COUI ARY LAND MONTG	ROTHER INSTITUTION (		13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS SPRINGV	
14 F/	ATHER'S NAME JOHANN	MIDDLE	G LAST	KATHERINE	AE MIDDLE	PARR LAST
	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	16b SOCIAL SECURITY NO. 577-38-8326	17 INFORMANT EXEC		0605 CONCORD ST NSINGTON, MD.
NO	18 CAUSE OF DEATH IEnter or PART I. DEATH WAS CAUSE IMMEDIA  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR  DUE TO, OR  DUE TO, OR	AS A CONSEQUENCE OF	NOT RELATED OF THE REAL	MAX DISEASE OR CONDITION O	EL PRESENCIA AND AND AND AND AND AND AND AND AND AN
CERTIFICATION	19s. DATE OF OPERATION 21s. ACCESSIT WAS LINESTING.	1,100,000,000	ION FOR WHICH OPERATION	MANAGEMENT OF THE STREET	MICER	ES, WERE FINDINGS USED THYING CAUSES OF DEATHY VES NO NO
MEDICAL	GR CONTRIBUTING CAUSE OF DE.  19 EDINER NOTIFICAL EXAMINED  WHITE CONTRIBUTION  11 WORK CONTRIBUTION  11 WORK CONTRIBUTION  11 WORK CONTRIBUTION  12 WORK CONTRIBUTION  12 WORK CONTRIBUTION  13 WORK CONTRIBUTION  14 WORK CONTRIBUTION  15 WORK CONTRIBUTION  16 WORK CONTRIBUTION  17 WORK CONTRIBUTION  17 WORK CONTRIBUTION  18 WORK CONTRIBUTION  18 WORK CONTRIBUTION  19 WORK CONTRIBUTION  19 WORK CONTRIBUTION  10 WORK	P.A.	19	211 LOCATION	CITY IDE TIDWIN	TANK THISO
	22a. I certify that (I) (this hosp saw the deceased alive an above, (I) (we) (did) (did not 22b. SIGNATURE  22d PHYSICIAN'S NAME (TYPE O	of) view the book	and mi	ATTENDING PHYSICIAN 220 ADDRESS	enth occurred on the date and h	9/2/9
	BURIAL, CREMATION, REMOVAL SPECIFY)	23b. DATE	23c. NAME OF CI	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
24 FI	BURIAL INFRAL DIRECTOR TO LUC	9/30/8	1 GATE OF	HEAVEN 250 DATE	ISILVER SPRING	MONT MC.

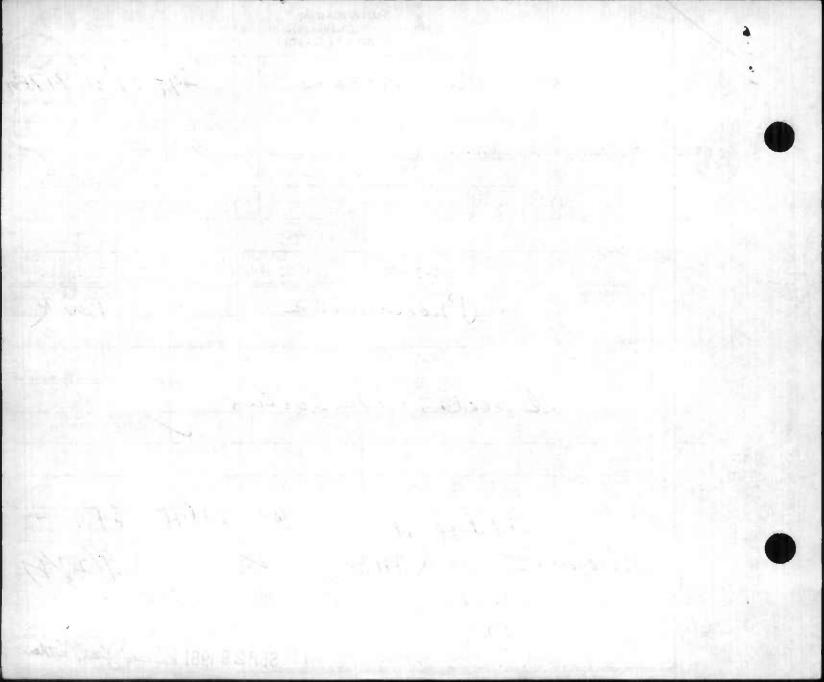
DHMH - 16 50M 1/81 (VRA 15, 4)

OR ATTENDING PHYSICIAN: The

retained by the haspital ar attending physician

ALDIRECTOR FRANCIS J. COLLINS
SOO UNIV.BLVD., W., SILVER SPRING, MD.

SEP 29 1981 Cornes San Parther



### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH MONTH TYPE OR PRINT 1Chael 5 DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAY) YEAR White 4 To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Italy USA WIDOWED DIVORCED Montgomery NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IL CITY OR TOWN OF DEATH 12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFET Sales Repr. LISUAL RESIDENCE (IF NURSING II OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION District 130 STATE EQUINTY 13d. INSIDE CITY LIMITS? 260 Heig Pr YES T Geo NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST Amata Antonio Rullo Mari 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b SOCIAL SECURITY NO Daughter 6309 (YES NO OR UNKNOWN) Colaianni No 18 CAUSE OF DEATH Enter only one couse per line for 10 11 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse 0 PART 2 OTHER SIGNIFICANT CONDITIONS TEMMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) CERTIFICATION 0 prior 19g DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 2flg AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO Mentol Hygie sho 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 ŏ 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN AT HOME STREET FACTORY OFFICE FARM ETC 1 STREET NOT WHILE WHILE ATTENDING 22s. I certify the DIRECTOR and that in (my) (our) opinion death occurred on the date and hour and from the causes stated hospit

DHMH - 16 50M 1/81 (VRA 15, 4)

be detached e State Dept.

ould be

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MPORTANT.

CITY OR TOWN Suitland 250 DATE REC'D. BY REGISTRAPIES REGISTRAPIS SHOWS THE

Univ Blvd

MEDICAL

T DIRECTOR PHYSICIAN

23d. LOCATION

ATTENDING

**PHYSICIAN** 

DEGREE

22e ADDRESS

831

23c. NAME OF CEMETERY OR CREMATORY

STAFF

Md

22c. DATE SIGNED

IF UNDER TYEAR

INDUSTRY

Giannin

YES [

COUNTY

COUNTY

Exxon

12h, KIND OF BUSINESS OR

Hts,

NO IT

STATE

STATE

YRS

16Sept81 24 FUNERALDIRECTOR FUNERAL HOME NARODERT E. Wilhelm Funeral Home Suitland

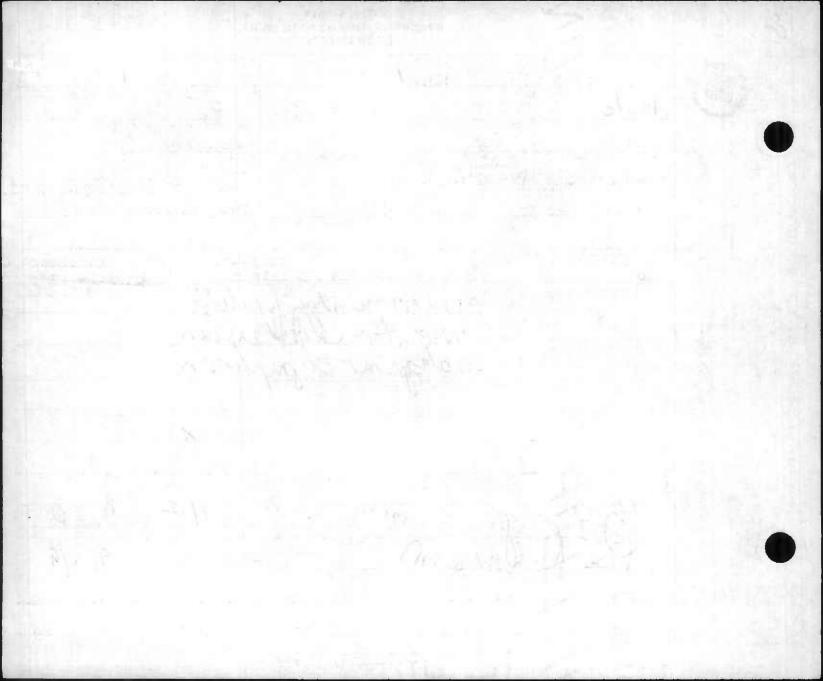
23b. DATE

Lewis H. Dennis,

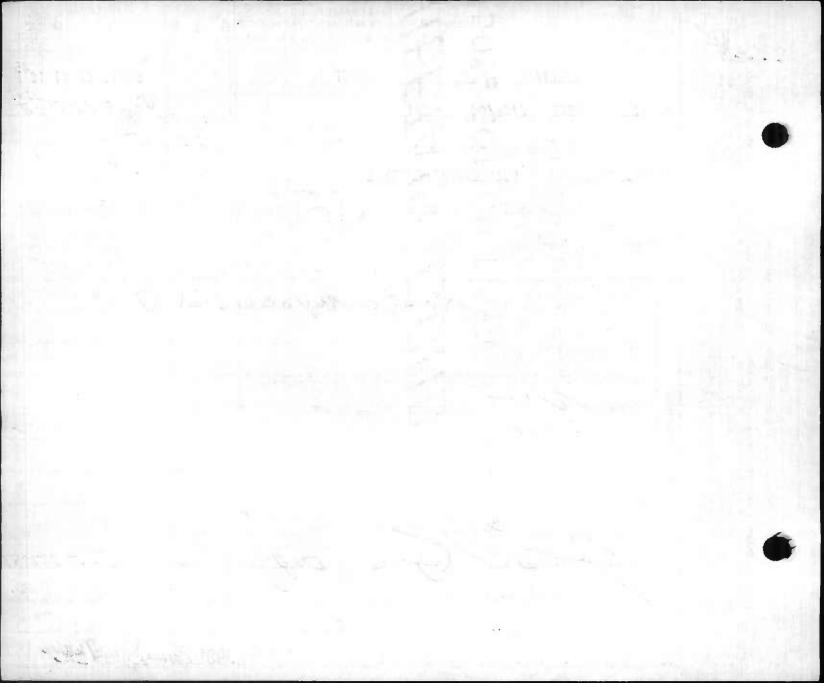
230 BURIAL, CREMATION, REMOVAL

Burial

SPECIFY



STATE OF MARYLAND



requires that the death certificate be executed within 24 hau

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physician.

3				1.
	90	25-		1. DE
	4 may b	(II	(IN	3. SE
	rs after death. Page 4 may be	ol dire	00-	7a. BI
	ter dea	he fund	2	10 C
101	25 Q	26	1 1	111

FOR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	4	3	8	2

		REGISTRAR			CERTIF	ICATE OF DEATI	H	REG. NO.				
		CEASED NAME FIRST		DOLE	Do	CC O C		20 DATE OF DEATH	MONTH I	DAY YEAR	26 HOUR 705	
10	3. SE	HELE,	4 RACE	3	3. DATE O	SCOE DE BIRTH	6	AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	P. M	
21		FEMALE	XXXX I	Vegro	MONTH	- 24 - 19	904	7	7 YR5	MONTHS DAYS	HOURS MIN.	
83		RTHPLACE ISTATE OR FOREIGN	16 CITIZEN OF W	HAT COUNTRY	? 8 MARRIE WIDOWE	D NEVER MARRIE	ED 📙	BALTIMORE CITY O	_	OF DEATH County	MD.	
11	10 C	KOMA PARK	11. NAME OF HO	OSPITAL, NURS FACILITY, GIVE STREI		OR OTHER INSTITUTIO	ON I	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST C Clerk	ION	125 KIND O	F BUSINESS OR	
35	130. 3			TAKE		138 INSIDECITY LIW		3. STREET ADDRESS 7505 GLL	-AISID	E DR		
20	14. FA	JAMES	MIDDLE 7	BSON	1.	15. MOTHER'S MAID FIRST MAT		MIDDLE		COLE	MAN,	
1	16a. V	VAS DECEASED EVER IN U.S. YES NO OR UNKNOWN) (IF YES		66 SOCIAL SEC 577-24-9		17 INFORMANT Lucille	V. P	eoples, Da	/:	akoma P	nside Dr rk. Md.	
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAI	r only one couse per li	ne for (a), (b), o	and (c)	1. 1/	10	* .		BETWEEN	MATE INTERVAL DISET AND DEATH	
		435 HMMED	DIATE CAUSE (0)	6	راويد	I've year,	107	11) Ure		-	rear	
	Н	Conditions, if only, which	DUE TO, OR	as a conseoi	UENCE OF	anlium	- CAS	rother		2>	eler	
		gove rise to immediate couse (a), stating the underlying couse last		as a consequ	UENCE OF		7					
		PART 2 OTHER SIGNIFICAN	IT CONDITIONS CON	NTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	HE TERMIN	AL DISEASE OR CON	DITION GIV	EN IN PART LIS	,	
	NO	Son	515	Re	ral 1	cailune						
9	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITI	ON FOR WHIC	H OPERATIO	N WAS PERFORMED		200 AUTOPSY? YES NO	IN CERTIF	, WERE FINDIN YING CAUSES S		
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		INJURY . MONTH I	DAY YEAR	21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 P	ART 1 OR PART 2)		
1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAM	1NER) P.M.		19	21f LOCATION		<del>-</del>				
	ME	WHILE NOT WHILE		T. FACTORY OFFICE	FARM, ETC }	STREET		CITY OR TO	WN	COUNTY	STATE	
		220. I certify that II) This he saw this decented allow the decented allow	9/	7 1 10	5/9	nd that in (my) (our) a	opinion de	to 9/	ote and hour	ond from the	that (1) (we) lost	
		27b. SIGNATURE	AA	v	M	DE CREE ATTEND PHYSIC	DING CIAN [	MEDICAL STAI	FF CIAN []	220 DATE 26 S	SIGNED	
1		22d. PHYSICIAN'S NAME ITY	1111	with,	hy	11 120 1	New	Hansch	nA	ne		
	- 1	SURIAL, CREMATION, REMOV				EMETERY OR CREMA		23d LOCATION		COUNTY	STATE	
	E	Burial UNERAL DIRECTOR	9/30/81	Fo	ort Li	ncoln Ceme			PR	GEO	Md.	
		uire Funeral	Service?40	O GAPDRES	lve.,_f		TOOT	1981	errence	As Lakanide	HIELES.	
- 1	-			asningt	ال بالك	Lea					-	

DHMH - 16 50M 1/B1 (VRA 15, 4)

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Internacy Unities

Line Court

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fairing about be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 havid the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or remayal.

IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, ar ather troumotic event, the

•	STATE OF	MARYLA

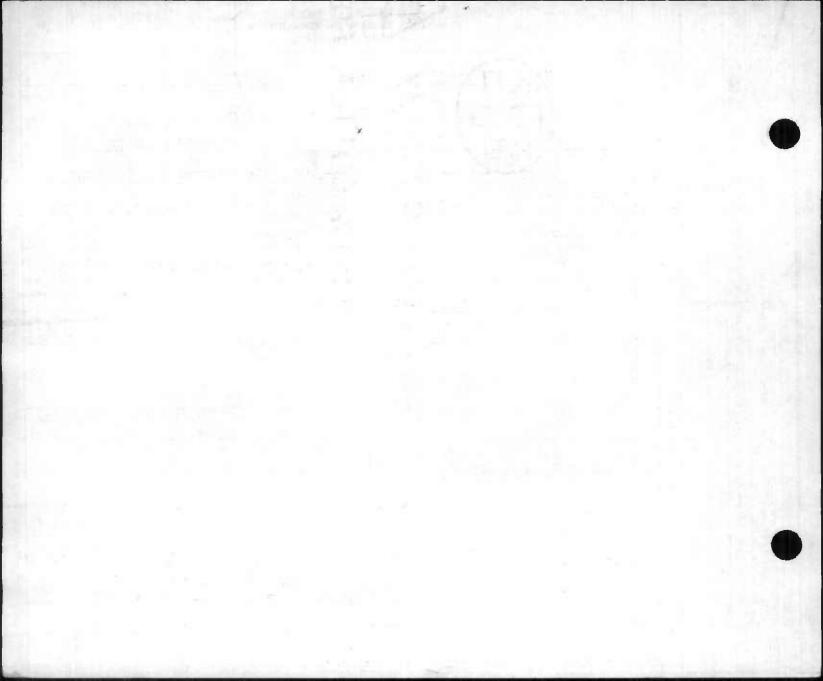
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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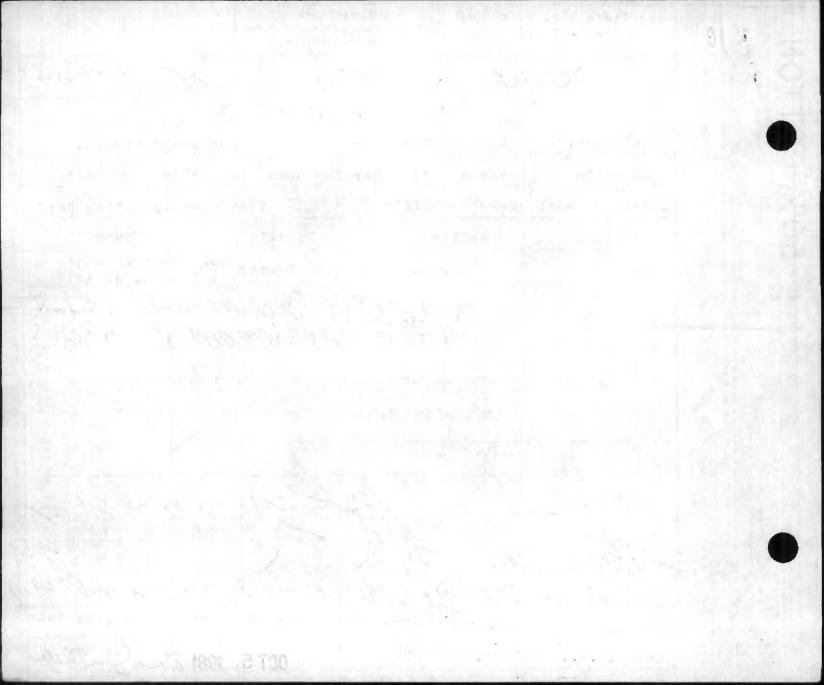
- STATE REGIS	TRAR			CERTIF	ICATE OF DEATH	REG. I	٧٥.		
1. DECEASED			MIDDLE	l	AST	2a. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	Garfi	eld	Cornell	6	Ross	September	16,	1981	9:20 P
3. SEX	ale	4 RACE Negro		S. DATE O		6 AGE (IN YEARS LAST E	IRTHDAY)	FUNDER LYEAR	HOURS MIN.
W. COUVE	CE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE WIDOWE	D M NEVER MARRIED DIVORCED	9 BALTIMORE CITY Montgom	OR COUP	TY OF DEATH	MD
Bethes		Clinic	al Center	ADDRESS)	, Beth. Md	12a USUAL OCCUPA (TYPE OF WORK FOR MOST Assemblyma	OF WORKING	GLIFE) INDUSTRY	of Business or
of Col	istrict of COUNTY	OTHER INSTITUTION	ogive residence before 13t. CITY OR TOW Washingt	N		13e STREET ADDRESS		S.E.	20020
	ce Walker	WIDDLE	LAST		is mother's maiden na	rina MIDDLE		Ross	AST
no WAS DEC	EASED EVER IN U.S. AR	MED FORCES? /E WAR OR DATES)	579-66-		Mrs. Trudy R	oss (wife)		as pati	ient
18 CAL	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY  CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY  CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY  CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY  CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY  CAUSE OF DEATH WAS CAUS								
gave	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF								
NO L	OTHER SIGNIFICANT (		NTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20				IF YES, WERE FINDINGS USED		
TIFIC							IN CERTIFYING CAUSES OF DEATH?  YES ₩ NO YES ₩ NO		
	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF DEA TRIBUTING CAUSE OF DEA THER NOTIFY MEDICAL EXAMINER	4117	OF INJURY .,M, MONTH D. '.M.	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJ	URY IN ITEM	18 PART   OR PART 2)	
WHILE AT WORK	NOT WHILE AT WORK		OF INJURY  REET FACTORY OFFICE F	ARM ETC )	21f LOCATION STREET	CITY OR T		COUNTY	STATE
sav	ertify that <b>K</b> (this hospi the deceased alive on ave, (I)(we) (did) (India)	tal) attended the Septem	he deceased from _ her 16 19 { valler death,	July 31 or	17 19 81 and that in May) (aur) opinion o	to Septen		nour and from the	that (1 (we) lost e causes stoted
-	226 SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN								7/By M
	MCIFK	S.	Stem	MD	Clinical Cer	nal Instit			
230 BURIAL, ( B <b>uri</b>	REMATION, REMOVAL	236 DATE 9-22			EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
24 FUNERAL	DIRECTOR		ADDRESS			Suit1	and,	I RAR'S SIGNA	TURE

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.



. 10		REGISTRAR	ilm#G560 L DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MEN CERTIFICATE OF DEA	NTAL HYGIENE	REG. NO.	4 3 8 4
page 3	[ TYPI	CEASED NAME PIRST DOROT	thy M.	Roth		SUPT	28 8/ 5:45 PM
on the management of the same	3 SE	Female	Caucasian	Sept. 12,19	909	(IN YEARS LAST BIRTHDAY) 72	
1 XV2	Wa	shington, DC	CITIZEN OF WHAT COUNTRY?  United States  NAME OF HOSPITAL, NURSIN	I MIDO MEDITE	RCED MO	ntgomery	County, MD.
in by the refiled w	F		Potomac Valle	appress) Nursing I	Home Ho	JAL OCCUPATION WORK FOR MOST OF WORKIN ME Maker	12b. KIND OF BUSINESS OR INDUSTRY
filled outd b	Ma	TATE TYLAND TYLAND TYLON	13L CITY OR TOWA	12 YES NO	∘ □ 1235	Potomac Potomac	Valley Road
5 0 - /		Phillip MD	Haller		stelle	MIDDLE	Young LAST
ician and coers. Pages of the medica		VAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W		9190 Ruth	Rooney	4879 Batt Bethesda	a, Maryland
equires that the death certificat in signed by the attending physis. Then please remove carbanpaph raburial, crematian, ar remova injury, ar ather traumatic event, in	NOI	PART 2 OTHER SIGNIFICANT COM	DUE TO, OR AS A CONSEQUE	STATIC ( SCEOF (AR	CARCIA CINO		APPRODUMATE INTERVAL BETWEEN ONSET AND DEATH  HET WEEN ONSET AND DEATH  HET WAR S  GIVEN IN PART 1(0
he law ran. has been it permit rene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORME	ED 200 A	INCER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or offending physicia TO FUNERAL DIRECTOR After this certificate hashould be detached for use as the burial-transit with the State Dept. of Health and Mental Hygies IMPORTANT: If them 21 is marked at them 18 should the state of them 18 should them 18 shoul	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED  WHILE NOT WHILE ORK  TO SHAPE OF THE NOTIFY HAS NOT THE NOT THE NOTIFY HAS NOT THE NOTIFY HAS NOT THE NOTIFY HAS NOT THE NO	P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	211 LOCATION STREET  , one that in (my) (au	19 to_	CITY OR TOWN	
TO HOS	(	SPECIFY)	23b. DATE Sept. 23c N 29,1981 Met	TAME OF CEMETERY OR CREA	MATORY 23d. LC	DCATION SHYOR NOT NO YAD C	driaginga
BP DHMH - 16 50M 1/81 (VRA 15, 4)	24 FU	remation  Neral Director ROBER' OMES, P.A., BETH	T A.PUMPHREY	FUNERAL		BY REGISTRAR 25b. REG	



R. After this certificate hos been signed by the attending physician and campletely filled in by the fu-use os the burial-transit permit. Then please remave carbonpapers. Pages 1 and 2 shauld be filed with

should be detached far use as the burial-transit permit. Then please remave carbon pape: with the State Dept. af Health and Mental Hygiene priar ta burial, crematian, ar remayal.

MPORTANT: If Hem 21 is morked ar Hem 18 shaws any

TO FUNERAL DIRECTOR: After this certificate hos been

retained by the haspital ar attending physicia

TO HOSPITAL

event, the

injury, or other troumatic

## STATE OF MARYLAND

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tion		1	

I	1 -	STATE REGISTRAR			DEP		EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO	Em "	· ·	0 2
Ì			IRST Ge	orge	MIDDLE P.		AST Roushakes		MONTH DAY	YEAR	2h HOUR
۱	TYPE	OR PRINT)	201	ae	P	Rou		5	1 15	1981	1000 m
١	3. SEX	Χ .		6ACE		5. DATE C		6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
1		Male		cau	Ca51	an MONTH	20 9/	90	YRS.	NTHS DAYS	HOURS MIN.
1	7a. BII	RTHPLACE (STATE OF FORE)	ign 7b	CITIZEN OF	WHAT COUN	VTRY? 8.		9 BALTIMORE CITY O		FDEATH	
1	C	Greece		U.S	-A-	WIDOWE	D NEVER MARRIED DIVORCED	montgo	mer	4	MD.
i	10. CI	TY OR TOWN OF DEATH	11	I. NAME OF	HOSPITAL, N	URSING HOME		12s. USUAL OCCUPATION	NC		OF BUSINESS OR
1	R	ockville	4	(IF NOT IN SUC	S MOLE	STREET ADDRESS)	Hist Hospit	(TYPE OF WORK FOR MOST OF		INDUSTRY Restau	rant
1		AL RESIDENCE (IF NURSING I				BEFORE ADMISSION)		207			
	130 5	100	ont.		Gaith	ersburg	13d. INSIDE CITY LIMITS?	19118 Mil	s Choic	ce Rd.	
١	I4 FA	THER'S NAME			PA		15 MOTHER'S MAIDEN NAM	\E	0.102		
2		Peter	MI	DOLE	Roush		H <b>elen</b>	WIDDIE	1	Valia LAS	ΙT
		VAS DECEASED EVER IN U				SECURITY NO.	17 INFORMANT	ADDRE			Virginia
١	(Y	YES, NO OR UNKNOWN) I IF	F YES, GIVE V	VAR OR DATES)	577-4	8-0342	Peter Roushal	kes 1819 Ho	rseback	c Trai	1,
١		18 CAUSE OF DEATH	nter only	one couse per	line far (o), (	b), and (c).)	/	1-		APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
ı		PART I. DEATH WAS		BY: CAUSE (o)	(	y oma	v 540	CK		1111	
ı		4587		DUE TO, O	R AS A GONS	SEQUENCE OF					
ı		Conditions, if any, wh		(b)_	144	poto	usian with	Past	0-		
ı			the	DUE TO, OI	RAS A CON	SEQUENÇE OF		,			
ı		underlying couse I	lost.	( (c)	- 1	17 PS	Tigal (131	exding.			
ı	7	PART 2 OTHER SIGNIFIC	CANTCO	NDITIONS CO	ONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OF ONE	ITION GIVEN	IN PART 10	0)
4	CERTIFICATION	5/80	15-	e k		Whe	ummia	V			
1	ICA	198 DATE OF OPERATION	V	196 COND	ITION FORM	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	106. IF YES, W		
4	RTIF			1				YES NO	YES [		но 🗌
		21g. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS		21b. TIME O HOUR A.		H DAY YEAR	21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUR	r IN ITEM 18. PART	ORPART 2)	
	MEDICAL	LIF EITHER, NOTIFY MEDICALE		P.,		19					
	MED	216. INJURY OCCURRED		21e. PLACE	OF INJURY REET, FACTORY, O	OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	*N	COUNTY	STATE
		AT WORK AT WORK				1	37 81	Sout	15	81	
		22a I certify that (I) (thi		Sept	e deceased f		d that in (my) (our) opinion di	enth occurred on the do	, 19.		that (1) (we) last
		obave, (I) (we) (did)				10	DEGREE	com occorred on the do	re ona noor o	22c DATE	
		11/1/		/	/	//	CATTENDING \	MEDICAL STAF		0	110
-		22d. PHYSICIAN'S NAME	ATVOE OD D	DINIT	1	Elen	122e ADDRESS	DIRECTOR   PHYSIC	IAN	1	(15/8)
		226. THIS ICIAINS INAME	. (ITTE OK P	1	1/4	T	1/33	e.	10	1 21	2100
-	00	1 / 20	0	/ 5	/11	ren	1/6000	tradaric	Kd	100	in all
	23a B	BURIAL, CREMATION, REA ISPECIFY) Burial	NOVAL	23b. DATE 9/18/1	981		emetery or crematory	23d. LOCATION CITY OF TOWN Brentwo	- 3 M S	OUNTY LE	1 a STATE
		Dar Tor		11 70/ 7	. , , ,	TOO TITE	TOTH Ceme cery	brentwo	oa rar	yrand.	•

DHMH-16 30M 2/80 (VRA 15, 4)

Joseph Gawler's Sons Inc. 5130 Wisc. Ave., N.W. Wash., D.C. 24 FUNERAL DIRECTOR

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

SFP

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	DECEASED NAME	EIRST H		MIDDLE	341	5N	2a DATE OF DEATH	MONTH DA	0 81	2b. HO
3. 5	Female		RACE Mite		5. DATE OF MONTH	4, 1900	6. AGE (IN YEARS LAST BI	_	FUNDER I YEAR	IF UNDE
35	BIRTHPLACE ISTATE O		US		WIDOWED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	4
703	CITY OR TOWN OF DI	DA	I IF NOT IN SUC	SUBUR	BA	Hosp.	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) Homemake	OF WORKING LIFE)	12b KIND C INDUSTRY Home	
BE 13	DUAL RESIDENCE (IF NU  STATE  Md  FATHER'S NAME	136 COUNTY Montg	1	13t. CITY OR TOWN Rockvil	le	13d INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS 10201 Gr	ovenor	Pl.	
50	William		E	Valk		15. MOTHER'S MAIDEN NA Mannett			Reeve	9
160	WAS DECEASED EVE	R IN U.S. ARME		166 SOCIAL SECURI 578-38-20		17. INFORMANT  Gerrit L. Ry	on-5500 Fri		p Blvd	Md. Ch
	Conditions, if an		DUE TO, G	R AS A CONSEQUEN	Carl	Je raile	nama			8
NO.	gove rise to in couse (a), state underlying course PART 2. OTHER SIG	nmediate ting the see last.	DUE TO, OI	MY AS A CONSEQUEN	ATH BUT N	OT RELATED TO THE TERM	NINAL DISEASE OR CON	IDITION GIVE	N IN PART 10	
5	gove rise to in couse (a), state underlying course PART 2. OTHER SIG	nmediate ting the see lost.  GNIFICANT CON	DUE TO, OI	R AS A CONSCOURT			200 AUTOPSY?  YES   NO	20b IF YES,	WERE FINDIN	IGS USE OF DEA
CERTIFICATION	pare rise to in couse (a), state underlying court part 2. OTHER SIG	mmediate ting the company the	DUE TO, OIL  OIL  OIL  OIL  OIL  OIL  OIL  OIL	R AS A CONSCOURT	DPERATION .		20a AUTOPSY?	206 IF YES, IN CERTIFY YES	WERE FINDIN	IGS USE OF DEA
CERTIFICATION	gove rise to in couse (a), stotunderlying couse PART 2. OTHER SIGNATURE OF OPER  110. ACCIDENT WAS UITOR CONTRIBUTING IF EITHER NOTIFY ME  210. INJURY OCCU	INTERIOR OF THE TOTAL OF THE TO	DUE TO, OI  OUTIONS CO  196 CONDI  216 TIME O HOUR A P 21e PLACE	R AS A CONSEQUENT OF INJURY M. MONTH DAY M.	YEAR	WAS PERFORMED	20a AUTOPSY?	200 IF YES, IN CERTIFY YES	WERE FINDIN	NGS USE OF DEA NO [
CERTIFICATION	gove rise to in couse (a), stot underlying couse PART 2. OTHER SIG	mmediate ting the ting the se lost.  GNIFICANT CON  ATION  NDERLYING  CAUSE OF DEATH DICAL EXAMINER)  RRED  WHILE  ORK	DUE TO, OI  19b CONDI  21b TIME O HOUR A. P. 21e PLACE (AT HOME STR	DITRIBUTING TO DE  ITION FOR WHICH O  PEINJURY M. MONTH DAY M.  OF INJURY REET FACTORY OFFICE FAR  e descosed from	YEAR 19	WAS PERFORMED  21c. HOW INJURY OCCUR	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU	20b IF YES, IN CERTIFY YES JRY IN JTEM 18 PAR	WERE FINDING CAUSES  THE OR PART 2)  COUNTY	NGS USE OF DEA NO [
MEDICAL CERTIFICATION	PART 2. OTHER SIGN OF COUNTY OF COUN	ATION  ATION  ATION  DERLYING  CAUSE OF DEATH DICAL EXAMINER)  RRED  WHILE  ORK  Joseph Glive on Caused alive on Caused alive on Caused and Caused and Caused alive on Caused	DUE TO, OI  19b CONDI  21b TIME O HOUR A. P. 21e PLACE (AT HOME STR View the body)	DITRIBUTING TO DE  ITION FOR WHICH O  PEINJURY M. MONTH DAY M.  OF INJURY REET FACTORY OFFICE FAR  e descosed from	YEAR 19 RM. ETC.)	21t. HOW INJURY OCCUR 21t LOCATION STREET  19 (0) 1 that in (my) (0) opinion EOPTE ATTENDING PHYSTCIÁN (2)	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU	20b IF YES, IN CERTIFY YES OWN Oote and hour of	WERE FINDING CAUSES  THE OR PART 2)  COUNTY	NGS USE OF DEA NO [
MEDICAL CERTIFICATION	gove rise to in couse (a), stot underlying couse PART 2. OTHER SIG	ATION  AT	DUE TO, OLIVIONS CO.  19b CONDITIONS CO.  21b TIME O. HOUR A. P. 21e PLACE (AT HOME STR.) ottended the	DITRIBUTING TO DE  ITION FOR WHICH O  OF INJURY M. MONTH DAY M. OF INJURY REET FACTORY OFFICE FAR e deceosed from 19.8	( YEAR 19 mm. etc.)	21t. HOW INJURY OCCUR 21t LOCATION STREET  19 4 1 that in (my) (a) opinion EOPTE ATTENDING PHYSICIÁN 72e ADDRESS	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  death occurred on the d	20b IF YES, IN CERTIFY YES OWN  Tote and hour of	COUNTY  22. DATE	AGS USE OF DEA NO [ that (I) ( couses st

came a sold empt empt of the contract of t . I remove Live a cilivino ynemovine ... observed the models Militar del simple de la como de The second of th order E caten, M.D. .by .neust more . was wellen three an a market of the second of t

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attending physicion and campletely filled in by the nove carbon papers. Pages 1 and 2 should be filled

er this certificate has been signed by the attending physic the burial-transit permit. Then please remove carbon pape and Mental Hygiene prior to burial, cremation, or remayal.

IMPORTANT: If them 21 is marked or them 18 shows any

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

23b. DATE

Funeral Home

FOR STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

100	-4	-	3	1
2	9	0	3	1

- STATE REGISTRAR		CER	TIFICATE OF DEATH	REG. N	0.		
1. DECEASED NAME FIRST		MIDDLE	LAST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
ERMA	MARTH	A SAYR	E	SEPTEMBER	18	1981	1120p A
3. SEX	4 RACE	5 DA	TE OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
FEMALE	CAUCAS		ARCH 27 1902	79	YRS	MONTHS DATS	HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN COUNTRY) PENNSYLVANIA	76 CITIZEN OF		RRIED NEVER MARRIED	9 BALTIMORE CITY O	_		M
10 CITY OR TOWN OF DEATH BETHESDA	NATNAV	HEACILITY, GIVE STREET ADDRESS	SDA MD. 20014	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF HOUSEWIFE	ION DE WORKING LIE	126 KIND C	OF BUSINESS OR
	OR OTHER INSTITUTION UNITY  MARY S	GIVE RESIDENCE BEFORE ADMISSI 13t. CITY OR TOWN LEONARDTOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 297 BRETON	VIEW	DRIVE	ROUTE 2
		UNMYER	15. MOTHER'S MAIDEN NA MARY	MAGDALENE		GRIFF	TITH
(YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	578-34-5385	O. 17 INFORMANT  CLIFFORD L			ARDTOWN	N MD. VIEW DR
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	(b)_	r as a consequence o					
PART 2 OTHER SIGNIFICAN	101	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	AIN AL DISEASE OR CON	DITION GIV	'EN IN PART 10	5
NO 190. DATE OF OPERATION  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	19b COND	ITION FOR WHICH OPERA	TION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO		
	DEATH	M. MONTH DAY YE	AR 21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM IB P.	PART 1 OR PART 2}	
OR CONTRIBUTING CAUSE OF I		REET, FACTORY, OFFICE, FARM, ETC	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
22a.f certify that 以 (this has sow the deceased alive above, 深 (we) (did) (版家	spitol) attended the on 18 SEP'	e deceosed from 13 FEMBER 19 81 ofter death.	SEPTEMBER <sub>, 19</sub> 81 ., and that in (成) (our) opinion	, 10	EMBER	,	that (* (we) last causes stated
22b. SIGNATURE	2		DEGREE ATTENDING PHYSICIAN [	MEDICAL STAI		220 DATE	SIGNED
14 11 11	ee G	, MC	22e ADDRESS				

23c NAME OF CEMETERY OR CREMATORY

Leonardtown Mary and 1987

Sept. 24,1981 Arlington National

Arlington,

RM D. BY PECSTRAIN

Arlington Virginia

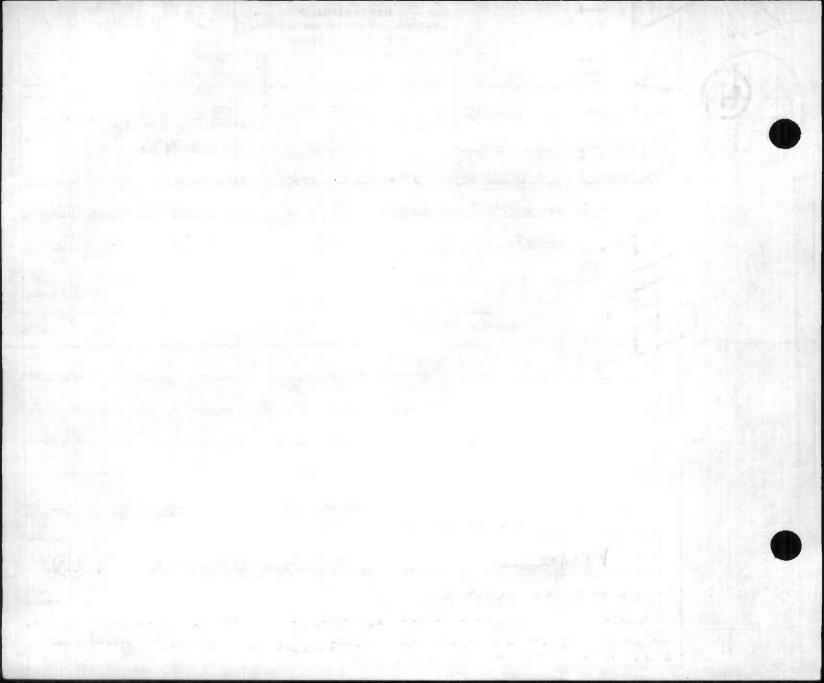
BP.\_\_

TO HOSPITAL

OR ATTENDING PHYSICIAN: The lo

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR. Afre should be detached for use os with the State Dept. of Health



page 3

ol'director

n signed by the attending physician and campletely filled in by the fund. Then please remove carbanpapers. Pages 1 and 2 should be filed within

injury, or ather traumatic event, the

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remave carbompapes with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the

ar attending physicio ATTENDING PHYSICIAN:

etained by the haspital TO HOSPITAL

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	5
CERTIFICATE OF DEATH	

1 2 4 3 8

	FOR STATE REGISTRA	AR		DEPARTA		EALTH AND MENTAL HY	GIENES	REG. NO.	4	ن ا ا	3 8	
	I. DECEASED NA	AME FIRST		WIDDLE	ı	AST	2a DATE OF D	EATH MONTH	DAY	YEAR	26 HOUR	2
	(*** C ON TRING)	Marie		L.	Sc	hieber	Sep	tember	23	181	9:40	M
	3. SEX		4 RACE		S. DATE C		6 AGE (IN YEAR	IS LAST BIRTHDAY)		NDER 1 YEAR	IF UNDER 24	
	Fer	male	Whi	te	Mar			93 YR	MON	THS DAYS	HOURS	MIN
2	7a. BIRTHPLACE COUNTRY) Oh:			WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED		ntgomery		DEATH		MD
)	Gaither	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HO  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS  9305 Haymarket Pla  SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS  13b. COUNTY  13c. CITY OR TOWN				OR OTHER INSTITUTION	12a USUAL OC	CCUPATION OR MOST OF WORKIN		126. KIND C INDUSTRY	F BUSINES	-
>	Md.	Mont	other institution ITY <b>Somery</b>		N	13d. INSIDE CITY LIMITS?		odress <b>aymar ke t</b>	t Pl	ace		
1	14 FATHER'S NA		MIDDLE	LAST		15. MOTHER'S MAIDEN N		MIDDLE		IAS	ī	
)	Jol	nn	F.	Kimerli	ne	Ida		М.	Bro	nnema		
	16a WAS DECEA (YES, NO OR UN	ASED EVER IN U.S. AR. IKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	166. SOCIAL SECU 200-36-2	41 4	Arthur L. S	chieber	9305 Ha	iyma csbu	rket rg.Md	P1.	9
	gove ris	ns, if ony, which the to immediate o), stating the the couse lost.	(b)_	OR AS A CONSEQUE	D,	11720 22	thevo s	/ 2	C	Yeo	ivs	
	NO.	THER SIGNIFICANT O		ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER		OR CONDITION	GIVEN	IN PART 10		
?	TIFIC										OF DEATH	?
1	OR CONTRIE	ENT WAS UNDERLYING EBUTING CAUSE OF DEANOTIFY MEDICAL EXAMINER)	TH HOUR A.		Y YEAR	71c. HOW INJURY OCCU	RRED (ENTERNATU	TE OF INJURY IN ITEM	18, PART 1	OR PART 2}		
	WHILE AT WORK	Y OCCURRED  NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	ZII LOCATION STREET	c	ITY OR TOWN		COUNTY	STATI	E
	sow t	fy that (I) (this haspit the deceased alive an e, (I) (we) (did) (did no	sent.	22-105	, or	nd that in (my) (our) apinio	n death occurred	on the date and	. 192 hour on	-	that (1) <del>(we</del> couses state	,
	ZII SIGN	wh Sel	un	racher	- m		MEDICAL DIRECTOR	STAFF PHYSICIAN		27c. DATE 9- Z	SIGNED	1
	2M PHYS	5 ozakele	PRINCENS	lion		22e ADDRESS						
	Ja	ck Schumac	her, M.	D.		105 Russell	Ave., G	aithers	ourg	, Md.	2087	7

DHMH-16 60M 1773

(VR A 15 (4))

24 FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL

Burial

Sept. 25, 81 Norbeck Memorial Park Norbeck Montgomery

316. F. Diamond Ave., A DAY REC 18 REGISTRY
F. H. Gaithersburg, Md. 20877

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN Norbeck

STATE

Md.

Gartner Sandison F. H.

236 DATE

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directal should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours at with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

With me observed or the most shows only injury, or other troumont event, the medical example PORTANI: If them 21 is marked or them 18 shows only injury, or other troumont event, the medical example in the medical example.

notified

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2

25 SEP 18 198 CHARLES

1 -	FOR STATE REGISTRAR		DEPART		IEALTH AND MENTAL H	YGIENE	REG. NO	la C		0 7
	CEASED NAME FIRST		MIDDLE	l	AST	2a DATE OF	DEATH M	ONTH DA	Y YEAR	2b. HOUR
(1112	ROSI	E		SCI	HLEIFER	Sept.	16.	1981		10:14am
3. SE	X	4 RACE		5. DATE C		_	EARS LAST BIRTH	-	UNDER 1 YEAR	IF UNDER 24 HRS
	Female	Whi	te	Oct			71	YRS.	DATS DATS	HOURS MIN.
7a 81	RTHPLACE   STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	? 8.	NEVER MARRIED	9 BALTIMO	RE CITY OR	COUNTY	F DEATH	
	New York	USA		WIDOWE			ontgo	mery		MD.
10 CI	Bethesda	(IF NOT IN SUC	HOSPITAL, NURSII HFACILITY, GIVE STREE Urban H	T AOORESS)	tal	17a USUAL C		V VORKING LIFE)	126 KIND O	s store
13a. S	STATE 13b C	WE OR OTHER INSTITUTION OUNTY	Rockvi	NN_	13d. INSIDE CITY LIMITS?			d Geo	orget	own Road
14 FA	Sam	WIDOLE	Cohen	ı	15. MOTHER'S MAIDEN Rachel	NAME	WIDDLE		Seg	51
	VAS DECEASED EVER IN U.S	ARMED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT		ADDRES	Silve		ng, Md.
	No		128-38-4	4725	Elaine Hers	shkowitz	1805	Bill:	nan La	ne
	18 CAUSE OF DEATH (Enter PART I, DEATH WAS CA	er only one cause per	line for (a), (b), ar							MATE INTERVAL ONSET AND DEATH
$\Xi$		DIATE CAUSE (o)		Pn	eumonia				1	day
	Conditions, if any, which	h ( ıb)	r as a consequ		Brain Damage	9	Si.		16	days
	gove rise to immediate cause (a), stating the underlying cause lost  DUE TO, OR AS A CONSEQUENCE OF Arrhythmia - cardiac arrest							16 days		
7	PART 2 OTHER SIGNIFICA					RMINAL DISEASE	OR CONDI	TION GIVEN	N IN PART 110	0
TIO		disease -								
CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	YES [	NO X	70b. IF YES, Y IN CERTIFY! YES	WERE FINDING CAUSES	OF DEATH?
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	LICIUS A		AY YEAR	21c HOW INJURY OCC	URRED (ENTER NAT	TURE OF INJURY	NITEM IS PAR	T I OR PART 2}	
CAL	(IF EITHER NOTIFY MEDICAL EXAM	DEATH		19						
MEDICAL	214 INJURY OCCURRED	21e. PLACE	OF INJURY	FARM ETC )	211 LOCATION STREET		CITY OR TOWN		COUNTY	STATE
<	AT WORK NOT WHILE AT WORK				- 0-				01	- 1
F	220.1 certify that <b>X</b> (this h saw the deceased alive abave. (1) (we) (did) (di			Sep.	nd that in (my) 🍇r) opini	, 10	p. 16	- '		that (I) ( <b>X</b> ) last couses stated
	22b. SIGNATURE	22	Arer death.	. M		MEDICAL DIRECTOR [	STAFF PHYSICIA	и 🗌	9-16	
	JOHN		, M.D.		809 Viers	Mill H	Road;	Sil.	Spg	., Md.
23a B	Burial Burial	Sep.	18,81		emetery or cremator			ck, N	dary1	and STATE

Panzansky-Goldberg Chapels; Rockville, Md. 23 Danzansky-Goldberg Chapels; 1170 Rockville Pike

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

retained by the hospital or attending physician.

J 5EP 161981 Fine Jan Mitter

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signed by the offending physicion

hould be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

O FUNERAL DIRECTOR. After this certificate has been

	1.	FOR STATE REGISTRAR		DEPARTI	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	2 4	4 3	9 0
		CEASED NAME E OR PRINT)	FIRST PLET	MIDDLE	-	hmidt	Seprembe	ONTH DAY	198:	26 HOUR 3 +
	3 SE	x Female	4 RA	aucasian	5 DATE O		6 AGE (IN YEARS LAST BIRTHI		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
155	Ke	RTHPLACE (STATE OR FO		ITIZEN OF WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY OR Montgom			у, мо
170	1	Be Keeda	S	NAME OF HOSPITAL, NURSIN IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	Sp: La	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V Home make		12b. KIND O INDUSTRY Ho	DE BUSINESS OR
35	13a :	MS	Mond	INSTITUTION GIVE RESIDENCE BEFORE	N <sub>1</sub>	1	700	ngolei	1m	La.
/soming		ATHER'S NAME Henry	webu	Rohn	24	15. MOTHER'S MAIDEN NA Kate	WIDDLE		nen (AS	
o medico	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Son 484307ESLan 100 NO 140									d 20815
S. Carrier		PART I. DEATH WA	Enter only one AS CAUSED BY: MMEDIATE CA		dig	Vascular le	ceident			DHEET AND DEATH
3	1	4360 Conditions, if ony,	which (	DUE TO, OR AS CONSEQUE	Lill CE OF	arteris	Lucis			/
or other t		gove rise to immercouse (o), stoting underlying couse		DUE TO, OR AS A CONSEQUE	ENCE OF	zu liter	is Cleren	7		
y injury.	TION	PART 2 OTHER SIGN	terry	schribe /	ter	& disease	INAL DISEASE OR CONDI			
She she	CERTIFICATION	190 DATE OF OPERATI		196 CONDITION FOR WHICH	OPERATIO		YES NO	20b IF YES, W JN CERTIFYIN YES [	NG CAUSES	
Hem 18	14	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	AUSE OF DEATH	P.M.	AY YEAR 19	21c HOW INJURY OCCURI	KED (ENTER NATURE OF INJURY	IN ITEM 18 PART	OR PART 2)	
morked or	MED	21d INJURY OCCURRE	E 🗆	PIE PLACE OF INJURY (AT HOME STREET FACTORY OFFICE F	ARM ETC	211 LOCATION STREET	CITY OR TOWN	4	COUNTY	STATE
m 21 is m		sow the deceased	olive on	w the body ofter death.		nd that in (my) (pa) opinion	deoth occurred on the date	e and hour or	nd from the	
T. If He		226. SIGNATURE	Stain	e Disgu	ent	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIA	AN 🗍	22c. DATE	15-81

22e ADDRESS 8218

,M.D.

DHMH - 16 50M 1/B1 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SMC IFY) Sept. 1981 18, Cave Cemetery 24 FUNERAL DIRECTOR ROBERT A. PUMPHREY FUNERAL P.A., BETHESDA, MARYLAND HOMES.

SNAME (TYPE OR PRINT)
Blaine Fitzgerald

236 DATE

23d LOCATION
CHYORTOWN
LOuisville, Kentucky BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Wisconsin Avenue Bethesda, Md.

. Entroy - The ten 2 ener uere to remai . h mint they produced the returna en l'acción de la companya d Sinceres of Community of the Community o

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 2a. DATE OF DEATH DECEASED NAME 26 HOUR (TYPE OR PRINT) S. Schroeder Perrv 5. DATE OF BIRTH 3. SEX 4. RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR DEC 906 White. Male BALTIMORE CITY OR COUNTY OF DEATH I STATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED MONTGOMERY WIDOWED DIVORCED [ NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 128. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE TREEL ADDRESS) SHIMING CLERK MARYLAND 21201 USUAL RESIDENCE LIENUR 13a. STATE NO COUNTY 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? NO [ 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE STRICKHAUSER CHARLES SCHROEDER 160 WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR WAKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY: will IMMEDIATE CAUSE (D) OR AS A CONSEQUENCE OF sortin clive Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF Ray monay dilease underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/01 CERTIFICATION lous 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NON YES T NO T Hem 18 sha Mental Hygi 21b. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF FITHER NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE STREET (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from 41 sow the deceased alive on \_, and that in (my) (eur) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did not) view the body after death. should be detached with the State Dept. SIGNATURE DEGREE 22¢ DATE SIGNED Y CV. Brewengla ATTENDING MEDICAL STAFF MPORTANT: IF DIRECTOR | PHYSICIAN PHYSICIAN 274 PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS BRENNWALL Muilanity 0 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Lalle Cremal TEREC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH-16 30M 2/80 (VRA 15, 4)

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FOR STATE

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DEP	ART	MEN	IT	OF	HE	AL	TH	AND	MENT	۸

3.61	REGISTI	AK					TEATE OF PEATE		REG. NO	Э.		
	DECEASED N	IAME	FIRST		MIDDLE		LAST	20 DATE	OF DE ATH	HINOM	DAY YEAR	26 HOUR
1	(TITE ON PRINT)	101	HELEI	V.	Α.	SCC	TT	Sept	ember	5,	1981	7:15 a
- [	3. SEX	31.15		4 RACE		5. DATE	OF BIRTH	6 AGE (IN	YEARS LAST BIRT	HDAY)	MONTHS DAY	
	Fema	le		Whit	•	111011	t. 14, 1924	1	56	YRS		5 HOURS MIN
1	BIRTHPLACE	(STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	ED NEVER MARRIED	9 BALTIN	ORE CITY O	R COUN	TY OF DEATH	
2		land		US	A	WIDOW		Mon	tgome	ry		MD
0	10 CITY OR TO	WN OF DE	ATH	LIE NIOT IN SU	CHEACHITY CINESTREET	DOBESSI	OR OTHER INSTITUTION	TYPE OF W	L OCCUPATI		126. KIND	OF BUSINESS OR
7	Olney			Montg	omery Ge	nera	al Hospital	Cafe	teria	Mgr.	LIFE) INDUSTR	hool
1	SUAL RESIDE	NCE (IF NUF	136 COUN		130. CITY OR TOW		13d. INSIDE CITY LIMITS	113e STREE	TADDRESS			
21	Maryla	nd	Mont	gomery	Damascu		YES X NO		09 Mai	n St	•	
9	14 FATHER'S N	AME RST		MIDDLE	LAST		15. MOTHER'S MAIDEN	VAME	MIDDLE			
0	Ro			E.	Miller,	Sr.	Goldie		E.		Redmon	d
1	160 WAS DECE			MED FORCES?	166 SOCIAL SECU		17 INFORMANT		ADDRE	SS		
/	No	TAKINO VITA)	(# 123, 314	E WAR OR DAILS)	216-14-5	278	Donald N.	Scott	, It	em 1	3	
1	18 CAUS	E OF DEA	TH (Enter or	nly one couse pe	r line for (o , (b), one	Hell					APPRO BETWEE	DXIMATE INTERVAL N ONSET AND DEATH
	PART	I. DEATH V		D BY.	METASTA	TIC	LUNG CY	train.	MA		13	MONTHS
	couse underly		ng the e lost	(c)_	OR AS A CONSEQUE		T NOT RELATED TO THE TE	RMINAL DISEA	SE OR CONI	DITION C	SIVEN IN PART	1(0
7	21g. ACCI	OF OPERA	ATION	196. COND	DITION FOR WHICH	OPERATIO	DN WAS PERFORMED	20a AU YES	TOPSY?	IN CER	YES, WERE FIND TIFYING CAUSE YES []	
9	OR CONIT		CAUSE OF DEA		DFINJURY M. MONTH DA M.	Y YEAR	. 21c. HOW INJURY OCC	U <b>RRE</b> D (ENTER I	NATURE OF INJUR	Y IN ITEM 1	8, PART I OR PART 2)	
	(IF EITHER 21d. INJU WHILE AT WORK	RY OCCUP	VHILE [7]		OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC.)	21f LOCATION STREET		CITY OR TOW	/N	COUNTY	STATE
	22a.1 cer	tify that (	(this hospi	tal) attended t	he deceased from	Sevi	19 5	O , to _ '	Scot	S,	1981	, that (I) (we) last
	sow	the deceo	sed olive on did) (did no	t) view the body	ofter death.	181,	and that in (my) (our) opini	on death accur	red on the do	te ond h	our and from th	ne couses stoted
	226 SIGN		JP	3 Qum		1	DEGREE  ATTENDING PHYSICIAN	MEDICA DIRECTO	L STAF	F IAN []	22c. DA1	5/81
1	-	GENE	~	FLANI	VERY /		22e ADDRESS \ 8 1 1		WE	64	ILLIP Z	DRIVE 20832
	23a. BURIAL, CI	REMATION	, REMOVAL	236. DATE	23c. N	AME OF	CEMETERY OR CREMATOR	Y 23d. LO		-	COUNTY	STATE
	(SPECIEY) Bur	ial		Sept.8	.1981	M	. Olivet			ck	Frederi	

DHMH - 16 60M 1/75 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

> 24 FUNERAL DIRECTOR Olin L. Molesworth, P.A., Damascus.

Frederick Frederick,
250. DATE REC'D. BY REGISTRAR'S SIGNATURE Mestler

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ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

TO FUNERAL DIRECTOR: After this certificate has been signed by the oftending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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injury, or other troumotic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

STATE OF MARYLAND						
<b>DEPARTMENT OF HEALTH AND MENTAL</b>	HYGIENE					
CEDTIFICATE OF DEATH						

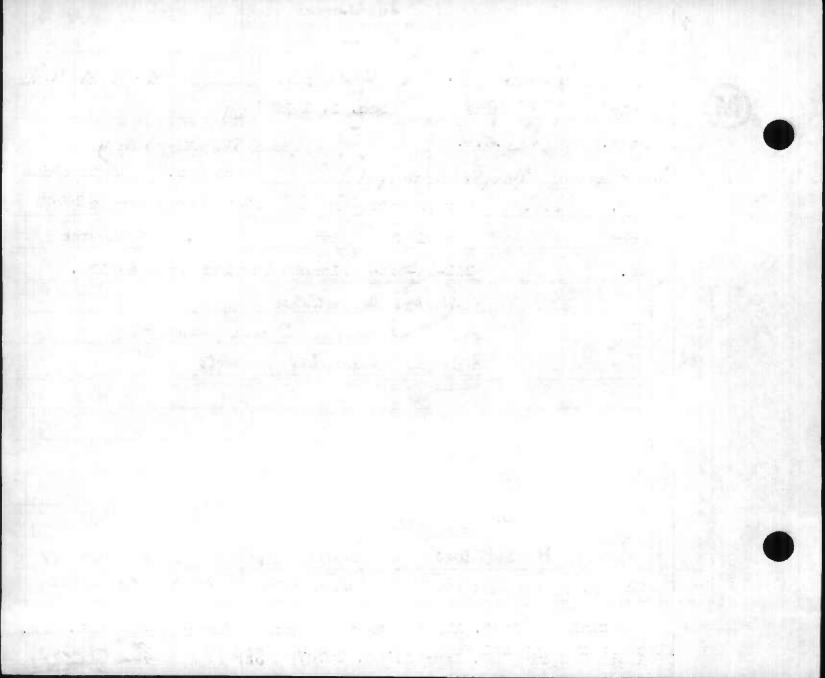
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1.	FOR STATE REGISTRAR	DEPAR		IEALTH AND MENTAL HYG	REG. N	0.		, 0
	CEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH	MONTH DA	Y YEAR	2b HOUR
I CLYP	E OR PRINT)	enh B.	9	astinosi		9-0	18-6	11:30
3. SE	X	4 RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR			IF UNDER 24 HRS
	Male	White	De		[70]	YRS.	DAYS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY	(? 8	DE NEVER MARRIED	9 BALTIMORE CITY	R COUNTY C	OF DEATH	
1	Mass.	U.S.A.	WIDOWE		mont	ama	230	M
Si	ITY OR TOWN OF DEATH	AE OF HOSPITAL, NURS  (IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME		12a USUAL OCCUPAT LIVPE OF WORK FOR MOST OF Auto Mgr	F WORKING LIFE)	126, PIND OF INDUSTRY Autom	BUSINESS OF
13a.	Md. P.G		WN	13d. INSIDE CITY LIMITS? YES 📉 NO 🗌	5709 Ruat	an St	reet 20	0740
	John	Scovi-		Eva Eva	M .		Skowro	n
	WAS DECEASED EVER IN U.S. AR/ (YES NO OR UNKNOWN) (IF YES, GIVI	E WAR OR DATES)		17 INFORMANT	ADDRI			
	No.	212-24	-4584	Blanche S	covitch S	ame as	s 13e.	
	PART I. DEATH WAS CAUSEI	DUE TO, OR AS A CONSEQ	asculo UENCE OF Lg C	ardiac disu	sse, mo	etiple	BETWEEN ON	IATE INTERVAL INSET AND DEATH
NOI	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN	N IN PART 110	
CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, YES IN CERTIFYI YES	WERE FINDING ING CAUSES C	SS USED OF DEATH? NO
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T 1 OR PART 2)	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	E, FARM, ETC )	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	22a.1 certify that (1) (this hospit sow the deceased alive an above, (1) (we) (did) (did not 22b. SIGNATURE	tol) oftended the deceosed from 19.		nd that in (my) (our) opinion DEGREE	deoth occurred on the d	ote and hour c		
	22d. PHYSICIANIS NAME (TYPE OF	. Solius		A A ATTENDING	MEDICAL STA	FF CIAN [	9/9	/8/
	JOSEOH M. S	OLINAS, MD		9801 SEDE	EGIA NI S	55. Ma	1 209	205
	BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
	Burial	Sept. 12 81	Gate	of Heaven	Silver	Snrin	Mont.	Md.
	uneral director eck <sup>me</sup> Laurel Fu 01 Sandy Spri	neral Homens	nc.Md	20707 250. DAT		754-REGISTA	S SIGNATUI	RE Mark
								Committee of the last of the last of

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO HOSPITAL

retained by the haspital ar attending physician.



requires that the death certificate be

ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the hospital or attending physicion

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IMPORTANT: If Item 21 is marked or Item 18 shows any

FOR - STATE

		STATE				394	
EP	ARTMENT	OF HE	ALTH	AND	MENTAL	HYGIEN	
	CEL	DTIEL	CATE	OF	DEATH	_	

5 2

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

-1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1	1 DECEASED NAME FIRST	MICOLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1	(TYPE OR PRINT)	HARLES F.	SEABOLT SR.	SEPTEMBER 23	, 1981 10:35 pm
1	3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
	MALE	CAUCASIAN	APRIL 29 1901	80 YRS	MONTHS, DAYS HOURS MIN
	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	- 9 BALTIMORE CITY OR COUN	
3	VIRGINIA	UNITED STATES	WIDOWED DIVORCED	Montgomery	MD.
3	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR
1	Olney		General Hospita		CONSTRUCTION
3		DUNTY 13c CITY OF	EBEFORE AOMISSION)  TOWN 13d. INSIDE CITY LIMITS  VILLE YESXX NO [	S? 130 STREET ADDRESS P.O. BOX 413	
7	14. FATHER'S NAME		15 MOTHER'S MAIDEN		
	CHARLES	SEABO	ILT ROSE		NOT AVATLABLE)
	160 WAS DECEASED EVER IN U.S. (YES., HO OP UNKNOWN) (IF YES.	CIVE WAR OR DATEST	2-6512 MARY SEABO	OLT 714 CRABB AVE	,ROCKVILLE,MD.
	PART I. DEATH WAS CA	er only one couse per line for (a), (USED BY: DIATE CAUSE (b)	1	failure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  RUCOS
	Conditions, if any, which	DUE TO, OR AS A CONS	SEQUENCE OF STENO:	sis	415
1	couse (a), stating the underlying couse last	DUE TO, OR AS A CON	SEQUENCE OF		
١	PART 2. OTHER SIGNIFICAL	nt conditions <u>contributing</u>	G TO DEATH BUT NOT RELATED TO THE T	ferminal disease or condition (	GIVEN IN PART 1(b)
	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR W	HICH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \( \begin{array}{cccccccccccccccccccccccccccccccccccc
	00.000.000.000.00	F DEATH HOUR A.M. MONTH	DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM I	8, PART 1 OR PART 2)
	OR CONTRIBUTING CAUSE OF	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	PFFICE, FARM, ETC.)  21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	sow the deceased plive	ospital) attended the deceased for the constant of the constan	40.1	nion death accurred on the date and h	19 8 , that (I) (we) lost our and from the couses stated
	120 SIGNATURE	Willen i	DEGREE ATTENDIN PHYSICIA		221. DATE SIGNED 9/2-4/8/
	Robert N	tillman wi	220. ADDRESS 156 Deer	(Park Dr Gai	md 20872
	230. BURIAL, CREMATION, REMOVE BURIAL	SEPTEMBER 28	236 NAME OF CEMETERY OF CREMATO BLUE RIDGE CEMETER	CITY OR TOWN	COUNTY STATE MARYLAND

24 FUNERAL DIRECTOR ROBERT A. PUMPHREY FUNERAL HUM
300 W. MONTGOMERY AVE., ROCKVILLE, MD. 20850

DHMH - 16 60M 1/75 (VR A 15 (4))

BP

filed within 78

signed by the offending physicion

should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

After this certificate has be

IMPORTANT: If Hem 21 is marked at Hem 18 shaws any

FOR			
STATE			
REGISTRAR			
REGISTRAR			

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	4	3	9	13

Bethesda Suburban Hospital Seamstress (Ret)  USUAL RESIDENCE (IF NUISING HERE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 130. STATE 131. COUNTY 131. CITY OR TOWN 134. INSIDE CITY LIMITS? 136. STREET ADDRESS	12:01aM AR IF UNDER 24 HRS. YS HOURS MIN.
MARY  SEIDEL  Sept. 6 1981  Female  White  Feb. 27, 1898  83 yrs  Nonth Day Year  Female  White  Feb. 27, 1898  Russia  USA  It city or town of Death  It name of Hospital, Nursing Home or other institution  (If Not in such facility, give street address)  Bethesda  USA  USA  USA  WIDOWED  DIVORCED  Nontgomery  126 USUAL OCCUPATION (If Not in such facility, give street address)  Seamstress (Ret)  USUAL RESIDENCE (If NURSING HOME OR OTHER INSTITUTION)  USUAL RESIDENCE (If NURSING HOME OR OTHER INSTITUTION)  I36 STATE  USUAL RESIDENCE (If NURSING HOME OR OTHER INSTITUTION)  I36 STATE  136 STATE  136 STATE  136 STATE  137 STEET ADDRESS	AR IF UNDER 24 HRS
Sex	AR IF UNDER 24 HRS
Female White Feb. 27, 1898 83 YRS  76. BIRTHPLACE INTRICORPOREIGN TO CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH NOT COUNTRY?  Russia USA WIDOWED DIVORCEDXX Montgomery  10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUST  Bethesda Suburban Hospital Seamstress (Ret)  130. STATE 130. STATE	
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10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH EACHLITY, GIVE STREET ADDRESS)  120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE	445
Bethesda Suburban Hospital Seamstress (Ret)  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  136. STATE  136. STATE  136. STATE  136. STREET ADDRESS	D OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  130. STATE  131. CITY OR TOWN  134. INSIDE CITY LIMITS?  136. STREET ADDRESS	Clothing
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Maryland Montg.   Rockville   YES X NO□   6111 Montrose Ro	ad
14 FATHER'S NAME FIRST MIDDLE LAST 15 MOTHER'S MAIDEN NAME FIRST MIDDLE	
David Wolf Masha (unkn	own)
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADMINANTALE,	Va.
9 No 579-50-3266 Zelda Blumberg; 4514 John Ty	ler Cour
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).	POXIMATE INTERVAL
PARTI DEATH WAS CAUSED BY: CAPDIAC APPET	
Conditions, it any, which gove rise to immediate (b) CORONARY ARTERY DISEASE	•
gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF	
underlying cause last	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART	110
MULTIPLE MYELOMA	
MULTIPLE MYELOMA  190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FIN IN CERTIFYING CAU  YES NOW YES 1  210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY INTER 18 PART 1 OR PART	
Q E   IN CERTIFYING CAU	NO []
	2)
OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING TO CAUSE OF TO	
214 INJURY OCCURRED 216 PLACE OF INJURY 211 LOCATION	STATE
WHILE NOT WHILE AT WORK AT WORK (AT HOME STREET FACTORY, OFFICE, FARM ETC.)	STATE
27a.1 certify that (1) (this hospital) attended the deceased from 1969 to 1981	_, that (I) {we) lost
saw the deceased alive on 1/5 19 , and that in (my) (our) opinion death occurred on the date and hour and from above, (I) (we) (did) (did not) view the body after death.	the causes stated
77b. SIGNATURE DEGREE 27c DA	ATE SIGNED
M SNOW MD ATTENDING MEDICAL STAFF 9/	6/81
27d, PHYSICIAN'S NAME (TYPE OR PRINT) 27e ADDRESS	-,
MARGARET T. SNOW, M.D. 9013 Flower Avenue; Sil. Sp	
230 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN	g. Md.

TO HOSPITAL OR ATTENDING PHYSICIAN: The

etained by the hospital or TO FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4)

Burial 9-9-81 King David Mem. Garden Falls Church, Va.

Rockville, Md.

Danzansky-Goldberg Chapel; 1170 Rockville Pike

SEP 141981

ectar, page 3 rs after death

may be

requires that the death certificate be executed within 24 hours after

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by shauld be detached for use as the buriol-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be file with the State Dept. at Health and Mental Hygiene priar to burial, cremation, or remaval.

		FOR		DEDADTA		E OF MARYLAND EALTH AND MENTAL HYG	ENE 8 1 2 4	3 9 6
	1	STATE REGISTRAR		DEFARIA		ICATE OF DEATH		0 / 0
	1. DE	CEASED NAME FIRST		MIDDLE	1	AST	REG. NO.  20. DATE OF DEATH MONTH DAY	YEAR 2b HOUR
	(TYPE	E OR PRINT)		5	910	01	Sont. 4	1981 1135 AM
	3. SE	X	4 RACE	~	5 DATES	OF BIRTH	or reaction and and and and and and and and and an	DER 1 YEAR IF UNDER 24 HRS
		FEMALE	WHITE		APRI	L 14, 1902	79 YRS.	DAYS HOURS MIN.
20		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	B. MAPPIE	D NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF D	EATH
1/	111	ENGLAND	u.s.A.		WIDOWE		Montgomere	Ч
20	1	Rockuille	HEBREW	HOME OF	GREAT	OR OTHER INSTITUTION  TER WASHINGTON	(TYPE OF WORK FOR MOST OF WORKING LIFE) IN	DUSTRY  OWN HOME
35	13a. S			130. CITY OR TOWN	N	YES 🖔 NO 🗆	13e. STREET ADDRESS 321 CHARTWELL DR	RIVE
1 (x )	14. E/	MORRIS	MIDDLE	BAUMGART	EN	15. MOTHER'S MAIDEN NAM FANNY	KLING	SHO FFER
/ medicol		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? E WAR OR DATES}	577-10-9		MARILYN SH	32 <sup>RFSS</sup> CHARTWE EESKIN, SILVER SPRI	LL DRIVE
or ather traumotic		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	(b)	R AS A CONSEQUE	Multiple.			
injury, a	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN	PART 1(a)
à ou	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		RE FINDINGS USED CAUSES OF DEATH? NO
Nem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME O HOUR A.I P.I	M. MONTH DA	Y YEAR		ED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 O	R PART 2]
marked ar	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE ( (AT HOME, STR	OF INJURY SEET, FACTORY, OFFICE, FA	ARM, ETC.)	21f LOCATION STREET	CITY OR TOWN CO	OUNTY STATE
21 15		220.1 certify that (1) (this haspi saw the deceased alive an above, (1) (we) (did) (did no	9/1	deceased from 19			to 19 19 19 19 19 19 19 19 19 19 19 19 19	
MPORTANT: # #em		22b. SIGNATURE H.D.	RV	gu	(7)	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	21. DATE SIGNED
MPORTA		224 PHYSICIAN'S NAME (TYPE O	RPRINT) KHI	MNEY		6121 MONTRO	SE ROAD, ROCKVILLE,	MARYLAND
0		BURIAL, CREMATION, REMOVAL	23b. DATE 9/6/1	1		EMETERY OR CREMATORY  JID MEMORIAL G	ARDEN FALLS CHIL	TRCH, VIRGINIA

"DEMALESTM. STEIN HEBREW MEMORIAL FUNERAL HOME

232 CARROLL STREET, N. W., WASHINGTON, D. C.

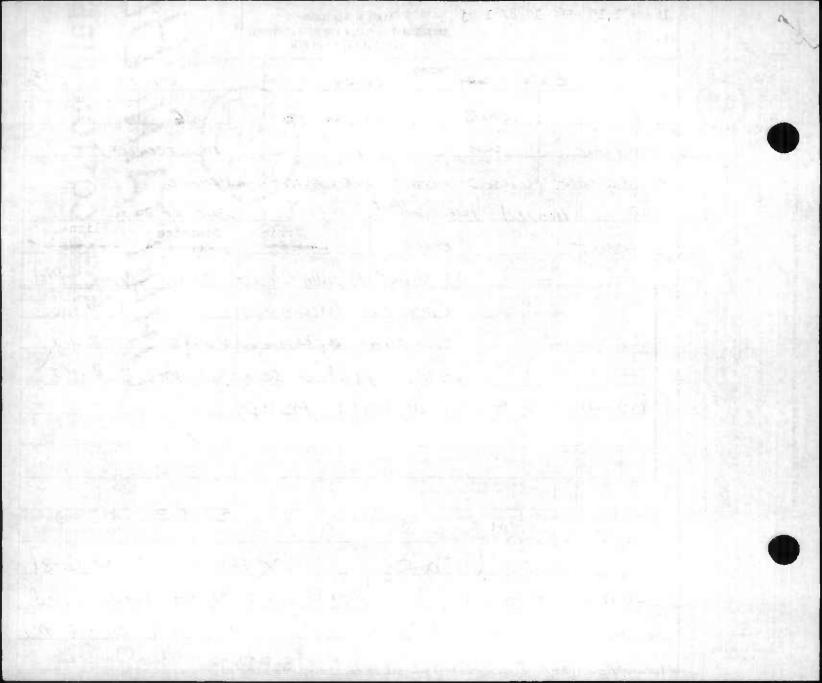
250. DATE REC'D. BY REGISTRAR 250. REGISTRAR S SGNATORE

DHMH - 16 50M 7/77 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician.

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SENA   RACE   S. DATE OF BIRTH	I DE	REGISTRAR FASED NAME FIRST	MIDDLE	CERTIFICATE O	DEATH	REG. NO.	ITH DAY YEAR
SEX   S. DATE OF BIRTH   DATE   S. DATE OF BIRTH   DATE		OR BRUSSES	ROWZE	e			0
BETHERACE (STATE DEFORMEN)  J. CHIZEN OF WHAT COUNTRY?  MARRED   NEVER MARRED   N	I, SE		1.1	5. DATE OF BIRTH			Y) IF UNDER 1 YEAR
MARRED   NEVER MARRED   NOTICE   MONOCOUNTY   10. CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   170 - USUAL OCCUPATION   170 - USUAL OC		F	WHITE			86	
ID. CITY OR TOWN OF DEATH  ID. CITY OR TOWN OR TOWN OR THE TOWN OR DEATH  ID. CITY OR TOWN OR THE TOWN OR THE TOWN OR DEATH  ID. CITY OR TOWN OR THE T	In. BI	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY	Y? 8 MARRIED NEV	R MARRIED	9. BALTIMORE CITY OR CO	OUNTY OF DEATH
STATE   CONTINUE   C							
DEFORM THE STATE NAME NAME NAME NAME NAME NAME NAME NAM	-		(IF NOT IN SUCH FACILITY, GIVE STRE	EET ADDRESS)		TYPE OF WORK FOR MOST OF WO	PRKING LIFE) INDUSTRY
13. STATE   NOTORIONING   13. CHIVORTOWNING   13. MINDECTIVE LIMITS   13. STREET ADDRESS   14. FATHER'S NAME   15. MOTHER'S MAIDEN NAME   15. MOTHER'S MAIDEN NAME   15. MOTHER'S MAIDEN NAME   16. MOTHER'S MAIDEN NAME   17. MOTHER'S MAI	USU/	L RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION)	ENRR	HOMEMALER	
18 FATHER'S NAME   MODIE   IAST   IS. MOTHER'S MAIDEN NAME   BORDET   IS. MOTHER'S MAIDEN NAME   IS.		TATE NO COL	UNTY 13c. CITY OR TO	WN/ Marin 13d INSID			32 (4)
180 WAS DECEASED EVER IN U.S. ARMED FORCES?   186 SOCIAL SECURITY NO   17 INFORMANT   ADDRESS		THER'S NAME			ER'S MAIDEN NAM	AE .	Ellin
See WAS DECEASED EVER IN U.S. ARMED FORCES?   186 SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS   187 NO BUINDAWN)   (18 YES, GIVE WAS OR DATES)   186 SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS   187 NO BUINDAWN)   (18 YES, GIVE WAS OR DATES)   186 SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS   187 NO BUINDAWN)   (18 YES, GIVE WAS OR DATES)   186 SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS   187 NO BUINDAWN)   (18 YES, GIVE WAS OR DATES)   18 INFORMANT   ADDRESS	)			LE	FIRST MILLIA	LOW DO	E - FLY
18. CAUSE OF DEATH   Enter only one couse per line for		AS DECEASED EVER IN U.S. A		CURITY NO. 17 INFOR	MANT	ADDRESS	
PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (0)		NO -		8-8165 Prisi	silla ClA	gett - Silver	e Spring,
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gove rise to immediate couse [o], stoting the underlying couse lost  PABT 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11  199 DATE OF OPERATION  190 DATE OF OPERATION  191 DATE OF OPERATION  190 DATE OF OPERATION  191 DATE OF OPERATION  192 DATE OF OPERATION  193 DATE  193 DATE  194 DATE  195 DATE  196 DATE OF OPERATION  197 DATE OF OPERATION  197 DATE OF OPERATION  198 DATE OF OPERATION  199 DATE OF OPERATION  190 DATE OF OPERATION  1		18 CAUSE OF DEATH (Enter	only one couse per line for (a), (b),	ond (c).)	, 0		APPROXIM. BEXWEEN ON
Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 III.  190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION WAS PERFORMED  210, ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSES YES NOW OR CONTRIBUTING CAUSE OF DEATH OR AM. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF INJURY OR CONTRIBUTING CAUSE OF DEATH OR AM. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF INJURY (ATHOME, STREET, FACTORY, OFFICE FARM, ELC.)  210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR AM. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF INJURY IN ITEM 18. PART 1 OR PART 2).  OR CONTRIBUTING CAUSE OF DEATH OR AM. MONTH DAY YEAR OR COUNTY (ATHOME, STREET, FACTORY, OFFICE FARM, ELC.)  210. AUTOPSY:  211. LOCATION  212. I Certify that (i) (this hospital) oftended the deceased from Sow the deceased allows and the deceased from Sow the deceased allows and the story of the deceased of the sow of the deceased of the sow of the deceased of the sow of the story of the deceased of the sow of the sow of the deceased of the sow of the source of the sow of				rebral T	nrom 6	DS15	31
The part of the first of the fi		4340	DUE TO, OR AS A CONSEQ	OUENCE OF		,	
DOUBLE TO, OR AS A CONSEQUENCE OF UNDERLYING COUSE LOST.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 PART			( (b) Ce	rebral o	erterio	sclerosis.	Zc
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Repair of Operation  196 Date of Operation  196 Condition for which operation was performed  206 autopsy?  206 If yes, were finding in Certify Ing Causes  Yes   Now Industry ing   Now Industry Ing Causes  Yes   Now Industry Ing Industry Ing Industry Ing Industry Ing Ingertify Ing Causes  Yes   Now Industry Ingular Ingertify Ing Causes  Yes   Now Industry Ingular Ingertify Ing Causes  Yes   Now Industry Ingular Ingertify Ing Causes  Yes   Now Ingertify Ing Causes  Yes   Now Industry Ingular Ingertify I		underlying couse lost.	(c) (Jev	recalized	arto	ciosclaras	5 60
DECONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR    FETHER NOTIFY MEDICAL EXAMINER    21d INJURY OCCURRED   21e. PLACE OF INJURY (ATHOME. STREET, FACTORY, OFFICE. FARM. ETC.)   211. LOCATION	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELA	TED TO THE TERM	INAL DISEASE OR CONDITION	ON GIVEN IN PART 110
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  IF ETHER NOTIFY MEDICAL EXAMINER)  P.M. 19  21d INJURY OCCURRED  WHIE AT WORK AT WORK  220 I certify that (1) (this hospital) gittended the deceased from 19 21, and that in (my) (our) opinion death accurred on the date and hour and from the above (1) we fidd (16 not) the body ofter death.  DEGREE  220 PHYSICIAN'S NAME (TYPE ORPIDIT  221 DATE  222 ADDRESS  223 BURIAL, CREMATION, REMOVAL 236, DATE  234, NAME OF CEMETERY OR CREMATORY 234 LOCATION  235, NAME OF CEMETERY OR CREMATORY 234 LOCATION	OIL			arthritis	HS.F	FD.	NEWES WEST STREET
OR CONTRIBUTING CAUSE OF DEATH  (# ETHER NOTIFY MEDICAL EXAMINER)  P.M. 19  21d INJURY OCCURRED  WHIE AT WORK AT WORK AT AN WORK AT WO	FICA	196 DATE OF OPERATION	196 CONDITION FOR WHIC	LH OPERATION WAS PE	CHOKMED	IN	CERTIFYING CAUSES C
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (IF ETHER NOTEY MEDICAL EXAMINER)  P.M. 19  21d INJURY OCCURRED  WHIE AT WORK AT NOT WHIE AT WORK  22a I certify that (1) (this hospital) gittended the deceased from 19 21, and that in my (our) opinion death accurred on the date and hour and from the above in well alid (did not) the body after death.  DEGREE  22d PHYSICIAN'S NAME (TYPE OR PIDIT  22d PHYSICIAN'S NAME (TYPE OR PIDIT  22d BURIAL, CREMATION, REMOVAL 23b, DATE  23d, NAME OF CEMETERY OR CREMATORY 23d, LOCATION  23d, NAME OF CEMETERY OR CREMATORY 23d, LOCATION  23d, NAME OF CEMETERY OR CREMATORY 23d, LOCATION	ERTI	TIA ACCIDENT WAS LINDERLYING	21h TIME OF INTURY	21, HOW	/ IN ILIBY OCCUPE	7	
220 I certify that () (this hospital) attended the deceased from JULY 1981, to SUM 3, 1981, sow the deceased alive of the body after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D				DAY YEAR	NOOKI OCCORR	ED (ENTER NATURE OF INJURY IN	IIEM 18 PART I ORPART 2)
220 I certify that () (this hospital) attended the deceased from JULY 1981, to SUM 3, 1981, sow the deceased olivery of the body after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	OICA				TION		
220 I certify that (1) (this hospital) attended the deceased from 1981, and that in (1) (our) apinion death accurred on the date and hour and from the shower from the light of the body after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN OF PHYSICIAN DIRECTOR PHYSICIAN OF PHYSICIAN	ME	WHILE NOT WHILE				CITY OR TOWN	COUNTY
sow the deceased alive as September 19 81, and that in my (our) apinion death occurred on the date and hour and from the above in the laid did not be the body after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 220. ADDRESS  James R. Moore Jr.  236. BURIAL, CREMATION, REMOVAL 236. DATE  136. NAME OF CEMETERY OR CREMATORY 236. LOCATION		AT WORK - AT WORK	2.0 11.14.1	111111	07	SONAT	3 07
DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR		4 11 1 17	- C pat 2		(our) opinion		, , , , , , , , , , , , , , , , , , , ,
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA		above (D)(we) (did)(did)	the body after death.			Jeen decorred on the date of	
228. ADDRESS  228. ADDRESS  228. ADDRESS  228. ADDRESS  238. BURIAL, CREMATION, REMOVAL 1238. DATE		The state of the s	DIA.	DEGREE	ATTENDING	MEDICAL STAFF	- CAL DATE S
23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION		MI DUVSTOLATION AND THE	MILLOU	1 100 400	PHYSICIAN X	DIRECTOR PHYSICIAN	9-1
23a. BURIAL, CREMATION, REMOVAL   23b. DATE   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION	The same of	ZZG. PHISICIANISTNAME (ITH	No.			Α	ч /
230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION		( )		001	Drook	es Auc Gal	1 Thersoum
CQUITY CRITICAL SUIT OF THE COUNTY			1/1001871				
24. FUNERAL DIRECTOR JOS. DATE REC'D. BY REGISTRAR 25. REG	3	URIAL, CREMATION, REMOVA	1 23b. DATE 23b. 9-16-81		or CREMATORY	23d. LOCATION CUX OR TOWN	lle Hourson
MPORTANT		CERTIFICATION  CERTIFICATION  CERTIFICATION  (A)  (A)  (A)  (A)  (A)  (B)  (B)  (B)	IN SEX  IN BIRTHPLACE (STATE OR FOREIGN COUNTRY)  ID. CITY OR TOWN OF DEATH  GAITHER SOLD  USUAL RESIDENCE (IF NURSING HOME FIRST)  IA FATHER'S NAME FIRST  ROBERT  IS CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSE OF DEATH (WAS CAUSE OF DEATH WAS CAUSE OF DEATH	SEX  4. RACE  WHITE  ID. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  MARCHARD  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURS  (IF NOT IN SUCH FACILITY, GIVE STRI  13. STATE  13. STATE  13. STATE  14. FATHER'S NAME  FIRST  15. CUNY  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  17. COUNTY  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  Conditions of ony, which gove rise to immediate couse (o), stating the underlying couse lost.  CONTRIBUTION TO STATE  19. DATE OF OPERATION  19. CONDITION FOR WHICE  19. ACCIDENT WAS UNDERLYING OR CONDITIONS CONTRIBUTION FOR WHICE  19. ACCIDENT WAS UNDERLYING OR CONDITION FOR WHICE  19. TIME OF INJURY  (AT HOME, STREET, FACTORY, OFFICE  210. TERMINE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE  19. SOW the deceased olive of the body ofter death.	SEX   1. RACE   S. DATE OF BIRTH   DATE OF J.	SEX   4. RACE   S. DATE OF BIRTH   MONTH   DAY YEAR   DATE OF DEATH   S. DATE OF DEATH	SERVINE   S. DATE OF BIRTH ON THAT SHAPE   S. STREET ADDRESS   S. DATE OF BIRTH ON THAT SHAPE   S. STREET ADDRESS   S. DATE OF BIRTH ON THAT SHAPE   S. STREET ADDRESS   S. STREET ADDRESS   S. MOTHER'S NAME   S. MO



BALTIMORE, MARYLAND 21201	rtificate be executed within 24 hours after death. Pro-	ohysician and completely filled in by the furnishing papers. Pages 1 and 2 should be filed wather research to moval.	ic event, the medical examiner must be modified a final
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the functional should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be filled with incompany with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be not the contract of

DHMH-16 25M (VRA 15, 4) 1/79

## DEI

STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HYGIEI CERTIFICATE OF DEATH	NE 8	REG. I	2 No.	4	3	9	8
LAST 2	n DATE C	DE DEATH	MONTH	DAY	YEAR	2h H	OUR

SEP 2 4 1981

-1	1 -	STATE REGISTRAR		DET ARTH		EALTH AND MENTAL HYG	REG. NO.			
		CEASED NAME FIRST	T	MIDDLE	I	AST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR	
1	(iiii		otte Eli:	abeth Ope	21 SI	hankle	9/22/8		330 4 M	
3	SEX	X .	4 RACE	ty Henry	5 DATE C		6. AGE JIN YEARS EAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
1	Fe	male	White		June		54 YRS	MONTHS DAYS	HOURS MIN	
17	CC	RTHPLACE (STATE OR FOREIGN DUNTRY)		WHAT COUNTRY?	MARRIE	D 🖾 NEVER MARRIED 🗆	BALTIMORE CITY OR COUNT		777	
4		ryland	U.S.A		WIDOWE		Montgomery		MD.	
00	3il	ver Spring	3501 TY	vin Branch	nes C	ourt	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) HOMEMAKET		of Business or	
1	13e. S		me or other institution ounty ntgomery	GIVE RESIDENCE BEFORE 136. CITY OR TOWN SILVER ST	ADMISSION) Pring	134 INSIDE CITY LIMITS? YES MO	3501 Twin Bran	ches Co	urt	
2	4. FA	THER'S NAME FIRST Charles	MIDOLE A.	opel,	Jr.	15 MOTHER'S MAIDEN NA/ FIRST Hilda	Annetta	Zacl	narias	
1		VAS DECEASED EVER IN U.S	S. ARMED FORCES? S, GIVE WAR OR DATES)	166 SOCIAL SECU	RITY NO	17 INFORMANT	ADDRESS			
	11	No	S, GIVE WAR OR DATES)	219-20-41	154	Harold R. Sha	ankle Same as i	tems 13	а-е	
		Conditions, if any, whice gove rise to immedial cause 10), stating the underlying cause los	th (b)	R AS A CONSEQUE	42	rinain Col		340	25	
	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION (							0'	
7	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CERT	ES, WERE FINDI IFYING CAUSES 'ES []		
		218. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ( (IF EITHER, NOTIFY MEDIC ALEXAN	OF DEATH HOUR A	DEINJURY M. MONTH DA M.	YEAR	21c HOW INJURY OCCUR	RED JENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)		
1	MEDICAL	214. INJURY OCCURRED  WHILE NOT WHILE AT WORK	WHILE NOT WHILE (AT HOME, STREET, FACTORY, OFFICE, FARM				CITY OR TOWN	COUNTY	STATE	
		22e   certify that (I) (this hospital) attended the deceased from 19 , 19 , 19 , to 91278/ 19 saw the deceased alive on 19 , ond that in (my) (aur) apinion death occurred on the date and hour on above, (I) (we) (did) (did not) view the body after death.								
		226. SIGNATURE	800	داد			MEDICAL STAFF DIRECTOR   PHYSICIAN	22c. DATE 9(2		
		224 PHYSICIAN'S NAME (	TYPE OR PRINT)			22e ADDRESS 8630 1	Fenton Street			
		Edgar H. L	evin				ng, Maryland			
F	23a. B	SURIAL, CREMATION, REMO				EMETERY OR CREMATORY	234 LOCATION	.county irfax	Virginia	

1331 Rockville Pike, Rockville, Maryland 20852

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ention 7/2/1 Tillename reseason Lingburg Lash. 20.

## requires that the death certificate be executed within 24 hours after death. Page 4 may be TO HOSPITAL OR ATTENDING PHYSICIAN. The low

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fishald be detached for use as the burial-transit permit. Then please remave carbonpapers. Pages 1 and 2 shauld be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

IMPORTANT: If them 21 is marked at them 18 shaws any injury, at other traumatic event, the medical exa

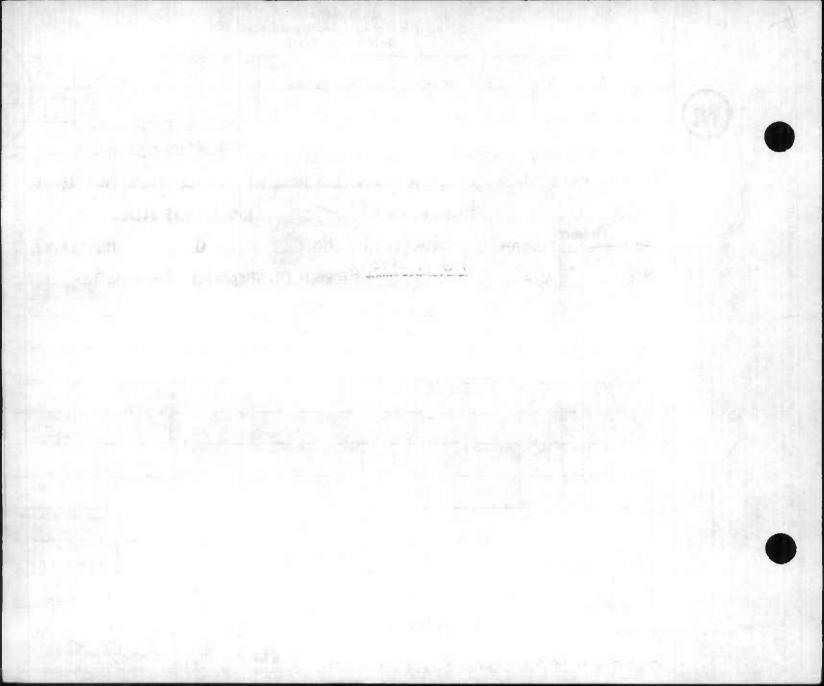
death

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENS
CERTIFICATE OF DEATH

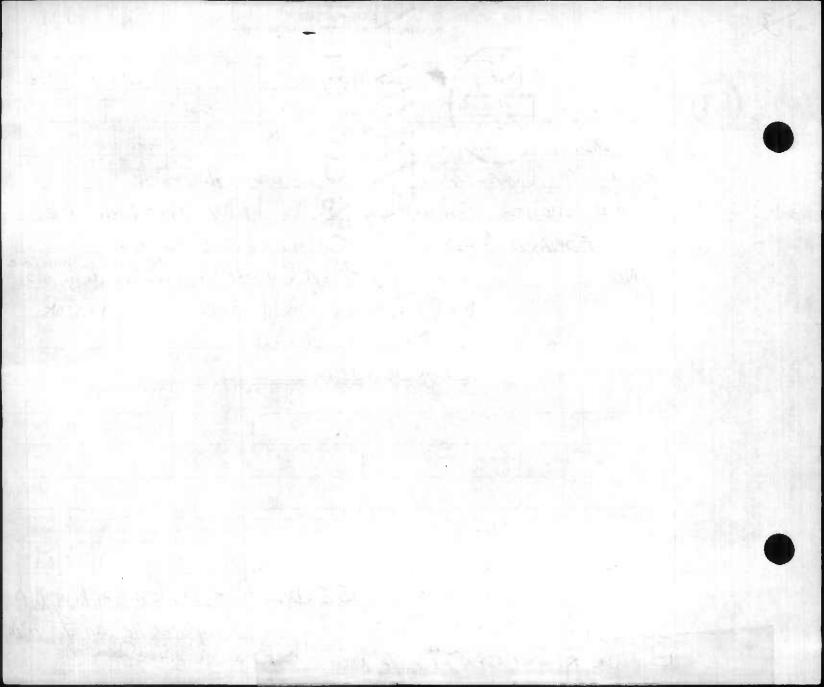
2	4	4	0	Ü
GLMB	,			

1	1 -	STATE REGISTRAR	DUAR		CATE OF DEATH	REG. N	0		
ľ		CEASED NAME FIRST	WIDDLE	LA	ST	20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
	(TYPE	ORPRINT) William	Henry	Sk	repherd		9	वेवे श	1155 PM
1	3 SEX		4. RACE	5. DATE O		6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS
1		male.	Whites	MONTH	DAY YEAR OZ	-	9 YRS	MONIHS DAYS	HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	7 8	NEVER MARRIED	9 BALTIMORE CITY C		TY OF DEATH	- A
4	0	rkansas	U.S.	WIDOWEI		MONTBOM	TERY	COUNT	4 MD.
1	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI		R OTHER INSTITUTION	12a USUAL OCCUPAT			F BUSINESS OR
t	Ta	Koma Park	Washington	Adv	ential Hospita	retired-	`	.   10" 11 (	SERVICE
1	U5UA 13a S	L RESIDENCE (IF NURSING HOME OF TATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFO		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	0		
	1	me 1	IONT Takoma	Park	YES NO	134 Gran	+ 14	ve	
	14 FA	THER'S NAME	MIGDLE LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE		LAS	
			( 4.	pherd	ROSE	0		MULL	
1		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	UR1843	17. INFORMANT	ADDRI	_		
	1	N/	A 433-36	3300	GEORGIA M. S	Shephero	Sami	E AS 13	Ē
ľ			ily ane cause per line far (a), (b), o		,				MATE INTERVAL ONSET AND DEATH
ı		PART I. DEATH WAS CAUSE	ECAUSE (a) Cardio		irrest				
ı		4375	DUE TO, OR AS A CONSEQU	JENCE OF					
		Conditions, if any, which	(b)						
		gove rise to immediate cause (0), stating the	DUE TO, OR AS A CONSEQU	JENCE OF					
ı		underlying cause last.	(c)						
ı	.,	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION G	IVEN IN PART 1	a
J	ō.								
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION	WAS PERFORMED	200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH			
	RTIF					YES NO	١	YES 🗌	NO 🗌
	_	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
1	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER		19					
1	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM ETC )	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
1	<	AT WORK AT WORK							
	2		tal) ottended the deceased from,		19 81	10 9 77			that (1) (via) last
1		saw the deceased plive on obave, (I) (we) (did) (did no		, and	d that in (my) ( <del>our)</del> opinian d	leath accurred on the d	ate and ha	our and fram the	causes stated
1		22b. SIGNATURE	1	D	EGREE	Arenica cza		22c. DATE	SIGNED
	E	Much	wiln let		ATTENDING PHYSICIAN	MEDICAL STA	IAN	9/2	3/8/
		224. PHYSICIAN'S NAME TTYPE OF	1 1		The ADDRESS SOF	ing st		1	
		M. cha	el n /es/1,-	1		s. lue	150	21,000	nu
	15	URIAL, CREMATION, REMOVAL	_		METERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
		BURIAL	SEPT 25 1981 F	t. Linao	IN CEMETERY	BRENTWO	00	Pe	mp
	0	NERAL DIRECTOR	ADDRESS		250. DALE	REC'D. BY REGISTRAR	25b REGIS	STRARS SIGNAL	Marcu.
	(9	RANT F. H. 9013	ANNAPOLIS Rd. L	ANHAM	md.	1 60 130 1	17 UM	O. T.	grand Britandager.

retained by the hospital or attending physician.



	۱-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND CONTAL HYD CERTIFICATE OF DEATH	GIENES   REG. NO	24401
	DEC (TYPE	CEASED NAME FIRST	1260/	Simpson	20 DATE OF DEATH	09.24 81 1436 M
	3. SEX		Black	5 DATE OF BIRTH  MONTH DAY  YEAR  YEAR	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MIN.
35	C	IND.	CITIZEN OF WHAT COUNTRY?	MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	9 BALTIMORE CITY OF	R COUNTY OF DEATH
185		Cockville	Shaly Grove	Adventist Hospit	120 USUAL OCCUPATION (TYPE OF WORK OR MOST OF	FWORKING-LIFELY INDUSTRY
35	13a S	MD Mor	Y I3L CITY OR TOW	YES NO NO		est Side DR.
150		EDWAR	D GREEN	J 15 MOTHER'S MAIDEN NA	DED SIM	PSON LAST
e medico		(AS DECEASED EVER IN U.S. ARA ES NOORUNKNOWN) (IF YES, GIVE	WAR OR DATES) 219-34	-8311 Robert Sim	PSON (SON)	3312 NCCullagh Lane GAIthersburg, MD.
event, th		18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED IMMEDIATE	11-1-0 11	ardeal Into	uction	APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH
raumatic		Canditians, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUE	ites holdeli	T)	
ar ather 1		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	Jen suon		
×	NOI	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AIN AL DISEASE OR COND	DITION GIVEN IN PART 110
9 and	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
	ICAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL FXAMINER)	11b. TIME OF INJURY HOUR A.M. MONTH D. P.M.	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)
ked or	MEDI	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE F	PARM ETC.) 211 LOCATION STREET	CITY OR TOV	WN COUNTY STATE
21 is mar		220 1 certify that (I) (this hospitors saw the deceased alive an abave, (I) (we) (did) (did nat	14/23/8/19	, 19, and that in (my) (aur) apinion	death accurred an the do	, 19, that (1) (we) last te and hour and fram the causes stated
IT: If Item		22b. SIGNATUR	thous	DEGREE ATTENDING \ PHYSICIAN (	MEDICAL STAF	FIAND 924. DATE SIGNED
MPORTANT		22d PHYSICIAN'S NAME (TYPE OR	rhrow, M	. D. 15 E. Deer	Park Dr.	GA theysburg MD
	(:	URIAL, CREMATION, REMOVAL	9-28-81 £	NAME OF CEMETERY OF CREMATORY  ROOKE GYOUR CES	n 23d LOCATION CITY OR TOWN	Isville Montg 11/10
1/81	6	NERAL DIRECTOR ROAMS	JOWDEN TOCK	V. WASh. St. 250 DAI	29 1981	REGISTA S SIC STURE



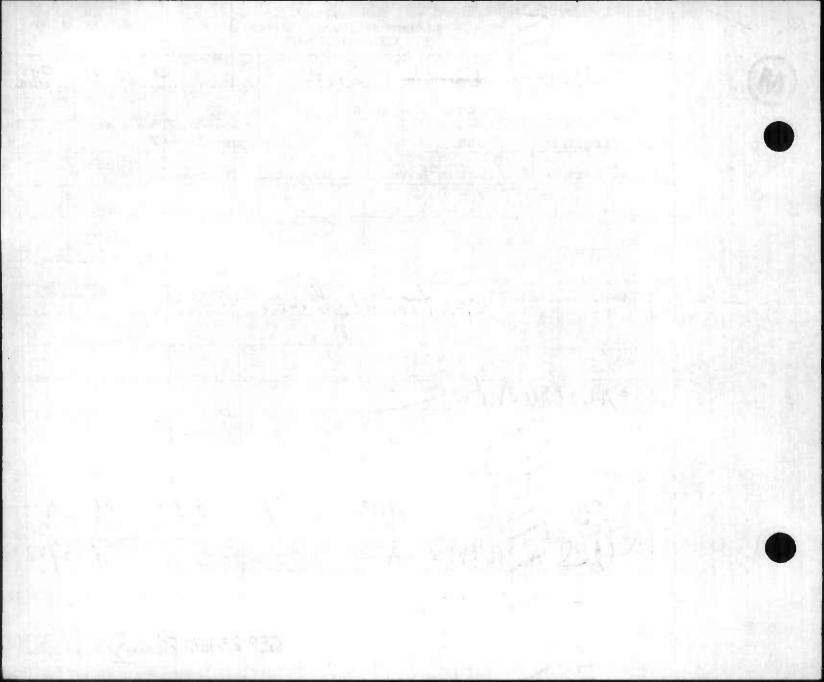
in in the state of restricting the second of the second and the first own three in 14 The beautiful the contract of a till a de car a migra a de la carde a constitue de la carde a 
	10		1 -	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL		2 REG. NO.	4 6	4 0 3
(NA)	decah decah		(TYPE	CEASED NAME DO	FIRST Dru4	by £	Robbit Benne	e	Sisk	20 DATE OF DE	ATH MONTH	22 8	
(10)	27		3 SE)	Female		Whit	t-e	Jan	DAY YEAR	6 AGE (IN YEARS	,		YEAR IF UNDER 24 HR
0 0	4 6	ai.		RTHPLACE (STATE OF F	OREIGN 1		WHAT COUNTRY?	8	The second second	9 BALTIMORE	CITY OR COUN		TH .
eo th.	neral n 72	\$35	We	st Virgi			SA	MARRIE	NEVER MARRIED  DIVORCED		omery		
01 s offer d	by the fulled within	political /	100	ty or town of DEA		11. NAME OF H	HOSPITAL, NURSING ACILITY, GIVE STREET	NG HOME	or other institution Lst Hospit	12n USUAL OCC		G LIFE) 126. KII INDUS	IND OF BUSINESS C STRY
AND 212	filled in	35	13a S	Md.	134 COUP	OTHER INSTITUTION		E ADMISSION)	13d. INSIDE CITY LIMIT YES NO	13e STREET ADE 7211 M		treet	t
MARYL ed with	apletely and 2 s	Ochmin		Floyd		Bennet:	LAST		15. MOTHER'S MAIDEN	AA AA	IDDLE	Shock	<1ev
IMORE, A	n and car	medicale	16a V	(AS DECEASED EVER ES NO OR UNKNOWN)	IN U.S. AR	MED FORCES?	166 SOCIAL SECT		John W. S		ADDRESSam band,		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours	signed by the attending phy hen please remove carban pa to burial, cremation, ar remov	ijury, ar ather traumatic event	NO	PART 2. OTHER SIGN	which nediote g the lost.	DUE TO, OF	R AS A CONSEQU R AS A CONSEQU	ENCE OF	NOT RELATED TO THE	TERMINAL DISEASE O	R CONDITION (		PPROXIMATE INTERVAL WEEN ONSET AND DEATH
AL RECOR	has been it permit. T	Sows ony ir	CERTIFICATION	190 DATE OF OPERAT	ION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS			INDINGS USED USES OF DEATH? NO [
N OF VIT	certificate urial-transi Aental Hyg	Hem 18 sh	MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEA	HOUR A./	M. MONTH D M.	AY YEAR 19		CURRED (ENTER NATURE	OF INJURY IN ITEM I	B PART I OR PAR	RT 2)
DIVISIO ING PHY	offer this of the but he and he	arked ar	MED	21d INJURY OCCURE  WHILE NOT WH  AT WORK		21e. PLACE ( (AT HOME, STR	DF INJURY BET, FACTORY, OFFICE, 1	FARM, ETC.)	211 LOCATION STREET		TY OR TOWN	COUNT	TY STATE
ATTEND	ECTOR. A d for use	m 21 is m			this dead d alive on idid did a	gna	deceased from_ 19_ ofter death			nion death occurred or	the date and h		
ITAL OR	RAL DIR	Z		226 GIGNATO	2/	1. Al	Mes	W	DEGREE ATTENDIN PHYSICIA		STAFF PHYSICIAN [	220	Traff?
HOSPI	TO FUNE	MPORTAN		Lewis H			M.D.		22e ADDRESS 831 Univ	Blvd.	E. Sil	v. Sr	oring, M
5	D 48 X	₹	230 B	URIAL CREMATION			The second second	NAME OF C	EMETERY OR CREMATO	DRY 23d LOCATIO	N		
ONDE	P		(	Burial		9-25-8	31 Gr	eenwo	od Cemete	ery Whee	ling.	W. Vi	rainia

Funeral Home Rd., Suitland, Md.

STATE OF MARYLAND

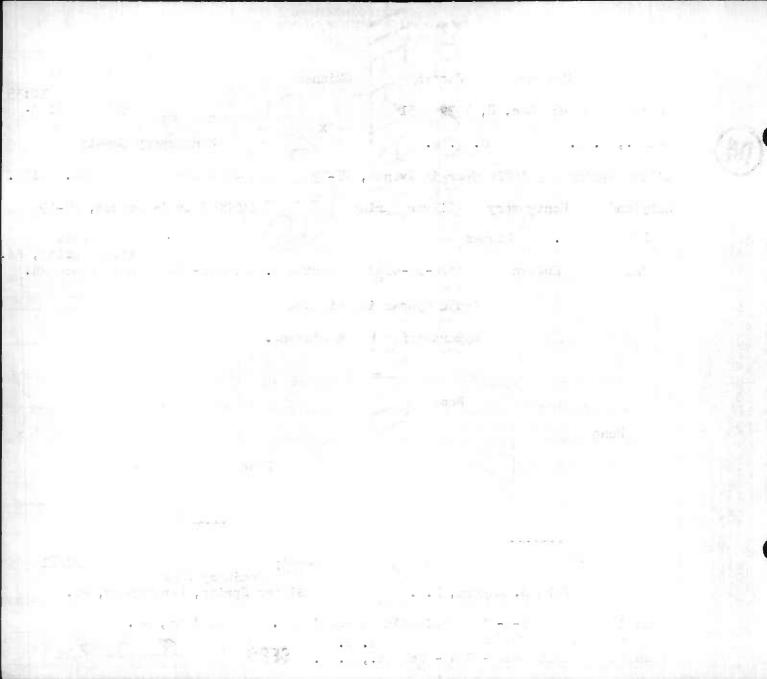
Item #1 Film G560 10/8/81 rc

DHMH - 16 50M 1/81 (VRA 15, 4)



6	STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 4 4 0 4  1-STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.												
		EASED NAME	FIRST		WIDDLE		LAST		20 DATE N	NOWN	MONTH D	DAY YEAR 26 HOU	
7. S.S. F.	(TYPE OR PRINT)  Clarence Joseph Skinner  OF ESTI- DEATH MATED  9/1							9/1	19 81				
, PLEASE RECTOR. R FILES. P HOURS	3. SEX 4. RACE			5. DATE OF BIRTH 6. AGE (IN YEARS   IF UNDER 1 YR.   IF UNDER 24 HRS.   20 DATE MONTH						MONTH D	YEAR 10 H3		
828E	М	ale B	lack		929 51	YRS.	THS DAYS	HOURS A	DEAD	CED	9/1	19 81 A. A	
2 ES//	70. BIR	THPLACE (STATE OR		76. CITIZEN OF WHAT COUNTRY?  8. MARRIED M NEVER MARRIED 9 BALTIMORE CITY OR COUNT							OR COUNTY C	OF DEATH	
	Wash., D. C.			U. S. A. WIDOWED DIVORCED Montgomery Co.						ry Count	ty M		
(1996 //	10 CIT	Y OR TOWN OF DE	ATH	(IF NOT IN SUCH FAI	PITAL, NURSING F	RESS)	HER INSTITUTI	ION I	20 USUAL OCCUP FOR MOST OF WORK	ATION (T)	PE OF WORK 12b.	OR INDUSTRY	
東京の最大	Si	lver Spri	ng	10820 Ge	orgia Av	enue, 7	T-19		Custodia	ın		Apt. Bulld.	
F ANY DE SHOULD B SHOULD B SHOULD B	USUAL RESIDENCE (IF IN NO 130. STATE Maryland		136. COUN		13c. CITY OR TOWN  Silver Spring				13e STREET ADDRESS 10820 Georgia Av		Avenue	Avenue, #T-19	
# F-≥0€/1/	14. FATHER'S NAME FIRST MIDDLE LAST 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE							LAST Gross					
TIMOR FORM CS LA		AS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMA	ANT		ADDRES	Silver	Spring, Mo	
LAS AFTER B. GIVE PA WITH FOI T. PAGES DIVISION		Yes		ean	578-38-	6543	Marth	a A. S	Skinner-8	3860	Piney B	ranch Rd.	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., EALTWORE VER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS ATTER DEA CATE. WRITING THE WORD "ENDING" IN PENCIL IN ITEM 18. GIVE PAGES FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PORE STROULD BE USED AS A BURNAL. TRANSIT PERMIT. PAGES AND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF HEALTH AND MENTAL HYGIENE, DIVISION OF NEW 21201 PRIOR TO BURNAL, CREMATION, OR REMOVAL.	z	IMMEDIATE CAUSE (a) Acute myocardial disease  DUE TO, OR AS A CONSEQUENCE OF  Conditions, it ony, which gove rise to immediate cause (a) stating the underlying cause last.  (b) hypertensive heart disease.  DUE TO, OR AS A CONSEQUENCE OF  UE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)											
MED AS A CRE	100	None  196. DATE OF OPERATION  1196. CONDITION FOR WHICH OPERATION WAS PERFORMED?							12	2D AUTOPSY?			
F VITAL RE TE SHOULD THE CHIEF N BE USED A BORIAL, O	CERTIFICATION	None 21g EXTERNAL CAU	ICE WAS	216 TIME OF								YES NO 🛣	
PARE HEAD		UNDERLYING CONTRIBUTING			MONTH DAY	YEAR	10W INJURY C	OCCURRED	LENTER NATURE OF INJU	URY IN ITEM 1	8 PART 1 OR PART 2)		
DIVISION HIS CERTIFICANTING TO ARDED TO AGE 3 SHO ATE DEPAR		CONTRIBUTING DELIGION TO THE AT WORK AT WORK	RRED	21e PLACE C	DF INJURY (AT HO FORY, FARM, ETC.)		OCATION STREET	No	CITY OR TOW	٧N	COUNTY	Y STATE	
TO MEDICAL EXAMINER: THI EXECUTE THE CERTIFICATE, W PAGE 4 SHOULD BE FORWA TO FUNER OLD INDECTOR: PAGE AFTER DEATH, WITH THE STAMBALTIMORE, MARYLAND, 213		22a   Certify that   taok charge of the remains described abave, held an Autopsy   , Inspection   , Inquiry   X , and in my opinion death resulted from: Natural causes   X , Accident   , Inquiry   X , and in my opinion   , Hamicide   Undetermined monner   , TITLE (SPECIFY)  ACTUAL SIGN THE SIGNED   M.D.   Deputy   MEDICAL EXAMINER   SIGNED   9/1/81   SIGNED   1919   Seminary   Road											
PAGE AFTE BALL	230 PI	RIAL, CREMATION,				E CEMETERY	_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRESS_ADDRE		23d. LOCATION	HOHE	Romer A.	riu.	
2712 BP	I ISI	ecify)		9-4-81	Linco		orial C		Suitla	and,	Md.	STATE	
DHMH - 17		NERAL DIRECTOR		Kylla		D. 0			C'D. BY REGISTRAI	R 251 DEC	GISTRAR'S SIGN	NATURE	
(VR A15 ME (5) )	S	oangler F	uneral	Home - 5	24 - 8th	St., N	. E.	SEP	3 1981	Man	w Jan	Marth	

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oth. Poge

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH REG. NO.

	CEASED NAME	FIRST		MIDDLE	L.	AST		20 DATE OF DEATH	MONTH	DAY YEAR	26. НО	JR.
	EA	RL	MEE	DOM	24	ITH		SE.	PT.	5, 1981	7=	A M
MALE			4 RACE WHITE			21, DA 1903 YEA		6 AGE (IN YEARS LAST BIRTI	HDAY)	MONTHS DAYS	HOURS	MIN.
0	RTHPLACE (STATE OR FO	DREIGN 7b		WHAT COUNTRY?	В		_	9 BALTIMORE CITY O	R COUNT	Y OF DEATH		
j	ennsylvani	ia	U.S.A	١.	WIDOWE	NEVER MARRIE		Montgomer	7			MD.
							Indus		ESS OR			
130.	at residence (if nursi aryland	13 COUNTY		Silver S	pring	13d INSIDE CITY LIM	ITS?	13407 Dau	phin			
14 F/	Harry	мр	DIE 1.	Smith		15 MOTHER'S MAID Harri		E		Leedo	ST M	
16a \	VAS DECEASED EVER	IN U.S. ARME (IF YES, GIVE WA		577 10 2		17 INFORMANT Ruth E. S	mith	Same as 7		(Wife)		
7	Conditions, if ony, gove rise to imm couse 101, stating underlying couse	nediote g the lost	DUE TO, O    b)  DUE TO, O    c)	R AS A CONSEQUI	ENCE OF	NOT RELATED TO TH		NAL DISEASE OR CONI	EN 12 HONTHS			
CERTIFICATION	19a DATE OF OPERAT	DATE OF OPERATION 196 CONDITION			on for which operation was performed			200 AUTOPSY?  200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO STORMAN YES NO NO				
	21g. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA	AUSE OF DEATH				216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  AR  9						
MEDICAL	21d INJURY OCCURR WHILE NOT WHAT WORK AT WO	HLE [7]	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.			21f LOCATION STREET CITY OR TOWN COUNTY					S	TATE
	220. I certify that (1) (this hospital) attended the deceased from											
	22b. SIGNATURE	P. 31	2ann		MD			MEDICAL STAF	IAN 🗌	22c. DATE	SIGNED	(
	EUGENE	ME (TYPE OR PR	parties .	SNERT		22e. ADDRESS 18	-111	PRINCE EY, MARY		ILIP D	RIVE	

231. NAME OF CEMETERY OR CREMATORY

Inoute by deteched for use os the buriol-transit permit. Then please remove corban paper in the Etate Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal. DHMH - 16 60M 1/75

(VR A 15 (4))

230 BURIAL CREMATION, REMOVAL **Birrial** 

njury, or other troumotic event, th

CHILANT: If Hem 21 is morked or Hem 18 shows ony

FOR STATE REGISTRAR

Francis Gasch's Sons Funeral Home, P.A. Hyattsville, Maryland

23b. DATE

9/10/81

23d LOCATION CITY OF TOWN
Washington D.C. Glennwood Cemetery 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE

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	ton transfer	The state of		11.		Ekmon	(venter)
eron (e) cutaetin (	Prehimbe		Josep S	n kriq maž	13407	307.650	navf17
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FOR STATE

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after retained by the haspital at attending physician.
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	TO HOSPITAL OR ATTENDING PHYSICIAN:
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BP. DHMH - 16 25M

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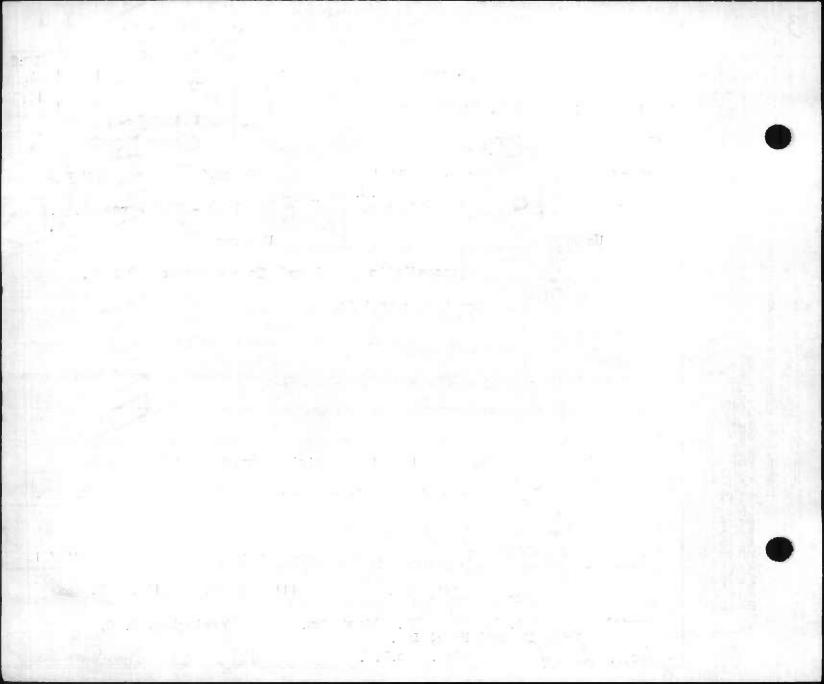
FOR

STATE OF MARYLAND 2 4 DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

		REGISTRAR  EASED NAME FIRST	,	MIDDLE	LA	ST	REG. N 20 DATE OF DEATH		DAY YEAR	2b HOUR
	(TYPE	ORPRINT) Pat R.	cen A.	XXXXXXX	X _	SMITH	9/16/8	1		4 4.
	3 SE)	' Cemale	4 RACE	hite	5. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
12	7a BI	Ohio	76 CITIZEN OF	WHAT COUNTRY?	MARRIED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	omerv		
00	10 CI	TYOR TOWN OF DEATH	11. NAME OF I		HOMEO	ROTHER INSTITUTION	12a USUAL OCCUPAT TYPE OF WORK FOR MOST C Credit	ON Dept	SUPPO INDUSTRI Trust	Business C & He
35	130 S	AL RESIDENCE IN NURSING HOM		13c CITY OR TOWN			13e STREET ADDRESS 409 Leigl	nton	Avenue	C
50	14. FA	THER'S NAME  John	MIDDLE K.	Althau		15. MOTHER'S MAIDEN NAME Carolyn	MIDDLE			rers
1	160. V	VAS DECEASED EVER IN U.S. (IF YES.	ARMED FORCES? GIVE WAR OR DATES)	578-36-5	11Y NO.	John R. Sm				20805
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAI	r anly ane cause per USED BY: DIATE CAUSE (a)	line far (a), (b), and	(c).)					MATE INTERVAL ONSET AND DEATH
s ony injury, ar amer i	CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAT  19a. DATE OF OPERATION	DUE TO, O	R AS A CONSEQUEN DINTRIBUTING TO DE ITION FOR WHICH C	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	20b IF YES	EN IN PART 116 S, WERE FINDIN YING CAUSES	4GS USED
ways an u		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	FDEATH HOUR A.	M. MONTH DAY		21c. HOW INJURY OCCUR!	YES NATURE OF INJU		ART 1 OR PART 2)	NO 🗆
ked or Her	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMI  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE	M. OF INJURY REET, FACTORY, OFFICE, FAR	19 RM, ETC.)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
4T: If Item 21 is mar		22a.1 certify that (I) (this his saw the deceased alive above, (I) (we) (digitally 22b. SIGNATURE	an	after death.	, an		death accurred an the d	FF		
MPORTANT		EDGAR		EUIH		FC36 F	EMFON	55	4	
5	23a. E	SURIAL, CREMATION, REMOV	VAL 23b. DATE	23c. N/	AME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		COUNTY	STATE

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STATE OF MARYLAND



## STATE OF MARYLAND 1 - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENS
CERTIFICATE OF DEATH

2

	REGISTRAR			CERTII	ICAIL OF PLATE	REG N	0		
	DECEASED NAME FIRST		WIDDLE		LAST	20 DATE OF DEATH		DAY YEAR	26 HOUR
L	R	UTH URAN	ILA SOU	THAR	D	Septembe	r 6,	1981	10:49p
1	SEX	4 RACE		5 DATE (		& AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	HOURS MIN
	Female	Whi		7	14 1897	84	YRS		
4	BIRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	_		
	New Jersey			WIDOWE		Montgome			MD.
1	Olney	Montgo	mery Ger	nera	1 Hospital	120 USUAL OCCUPATION OF WORK FOR MOST OF THE	F WORKING	LIFE) INDUSTRY	Clerk
13	SUAL RESIDENCE (IF NURSING HOME) STATE 136 CC	e or other institution. DUNTY  Itgomery	13t CITY OR TOWN Rockvill	1	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 199 Rolli	ns Av	enue	
14	FATHER'S NAME FIRST  Ralph	WIDDLE	Rooksby		15 MOTHER'S MAIDEN NA FIRST Charlotte	Margar	et	Raym	ond
160	WAS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECUR	ITY NO	17 INFORMANT	1206 APPR	ssornde	n Road	
L	No	None	578-26-8	291	Ruth F. Mil			Maryland	IMATE INTERVAL ONSET AND DEATH
CEDTIELCATION		DUE TO, OI		NCE OF	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YE	IVEN IN PART 110 ES, WERE FINDING CAUSES YES	NGS USED
	OR CONTRIBUTION C CAUSE OF	DEATH HOUR A.	FINJURY M. MONTH DA'	Y YEAR	216 HOW INJURY OCCUR	94			140
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC.)	21f LOCATION STREET	CITY OR TOV	M	COUNTY	STATE
	22a. I certify that (I) (this has sow the decease of the above (II) wey did // did			, 01	nd that in vity aur) apinion DEGREE ATTENDING PHYSICIAN	death accurred on the do		our and from the	
1	Mark Mark	Rosen			220 ADDRESS Silver S	pring, M	d.		9,0/
23	BURIAL, CREMATION, REMOV (SPECIFY) Cremation	23b. DATE 9/9/8]			EMETERY OR CREMATORY litan Cremato	23d LOCATION CITY Alexan	dria	COUNTY VI	rginTa
	FUNERAL DIRECTOR TYSO	on Wheeler	Funesal	Home	. Inc. Mara	E REC'D. BY REGISTRAR	//	STRAP'S SIGNAM	NIKE (
	1331 Rockville	Pike Roc	kville, N	laryl	and	1 4 1981	name	. 7	

DHMH - 16 60M 1/75 (VR A 15 (4))

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FOR STATE STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &
CERTIFICATE OF DEATH

24410

REGISTRAR	CI	EKTIFICATE OF DEATH	REG. NO	
1. DECEASED NAME FIRST (TYPE OR PRINT) Carl	Augustus	SOUTHER .	20 DATE OF DEATH MONTH	OAY YEAR 26 HOUR 9:20 PM
3. SEX Male	White	month 10°, 19°0°4	6 AGE (IN YEARS LAST BIRTHDAY) 77 YTS YR	MONTHS DATE HOURS MIN.
10. BIRTHPLACE (STATE OF FOREIGN NORTH CAROLINA	u.s.A.   <sub>w</sub>	MARRIED NEVER MARRIED DIOWED DIVORCED	Montgomety (	ounty MD
10 CITY OR TOWN OF DEATH Silver Spring		Spital ER	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING BUILDER SI	126 KIND OF BUSINESS OR INDUSTRY  ELF EMPLOYED
	re or other institution, give residence before adm ontgomer pac cits rever	Spire Mige CITY LIMITS?	13e STREET ADDRESS COLES	ille Rd
14. FATHER'S NAME FIRST	MIDDLE SOUTHER  ARMED FORCES? 166 SOCIAL SECURITY 5. GIVE WAR OR DATES) 577 - 03 - 7	15. MOTHER'S MAIDEN NA FIRST LAURA NO 17 INFORMAT WELLE,	MIDDLE	ABRELL Colesville Ro
. PART I. DEATH WAS CA	DIATE CAUSE (a) DUE TO, OR AS ACONSEQUENCE	to of bladder		1977 1977
PART 2 OTHER SIGNIFICATION  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	NT CONDITIONS CONTRIBUTING TO DEAT LECTO VALCULA DE 196. CONDITION FOR WHICH OPE	Slar, Anenta	200 AUTOPSY? 200 IF	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES OF METERS OF
TO RECOME THE STATE OF THE STAT	DEATH HOUR A.M. MONTH DAY	YEAR 19 21f LOCATION	RED (ENTER NATURE OF INJURY IN ITEM	
22a. I certify that (I) this because of the deceased alive above, (I) (and (did) (this 22b. SIGNATURE	A . D. 1	DEGREE ATTENDING PHYSICIAN	death accurred on the date and h	. 19, that (I) final last sour and from the causes stated  22c DATE SIGNED  9-3-81
	FICH IEM	220 ADDRESS 4221 Silver	ColesvilleRd - Spring, Mel	20910
230. BURIAL, CREMATION, REMOVE BURIAL		E OF CEMETERY OR CREMATORY  IOCH CHURCH CEME	TERY "RUCKY MT.	FRANKLIN STATE V

PRINT BURIAL 9/6/81 ANTIO 24 FUNERAL DIRECTOR FRANCIS J. COLLINS 500 UNIV. BLVD., W., SILVER SPRING, MD.

MD. 20901 25a.

V REGISTRAR 25 RIGISTRAR SOCIATURE & Then

DHMH - 16 50M 1/81 (VRA 15, 4) TOUR DESCRIPTION OF THE SAME THE LINE WAS A STREET OF STREET

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR				CEKITI	ICATE OF	DEATH		REG. NO	D.				
	CEASED NAME	FIRST		MIDDLE	Į.	AST		20 DATE OF	DEATH	MONTH	DAY Y	EAR	26 HOUR	_
( TAB	E OR PRINT)	RUSSELI	W.	AYNE	SPE	AKE		Septem	ber 1	0,	1981		10:00	P
1.5E	X	4	RACE		5. DATE C			6 AGE INYE	EARS LAST BIRT	HDAY)	IF UNDER		IF UNDER 24 HR	_
	Male		Whi	te	Augus		ľ9°55	2	6	Y	RS.	DATS	HOURS MI	۷.
4 5	ATHPLACE (STATE	OR FOREIGN 71	CITIZEN OF	WHAT COUNTRY?	8	NEVER	MADDIED IV	9 BALTIMOI	RE CITY O	R COU	NTY OF DEA	TH		
10	Marylan	d	USA		WIDOWE	_	IVORCED	Mont	tgame	rv			,	MD.
10. C	ITY OR TOWN OF			HOSPITAL, NURSIN	NG HOME C	R OTHER INS	TITUTION	120 USUAL C	OCCUPATION	NC			BUSINESS	
	Bethesd			I Center		Beth,	Md	Car	pent	e r	Helpe	STRY		5
30.	AL RESIDENCE (IF	NURSING HOME OR O		GIVE RESIDENCE BEFOR		13d INSIDE C	ITY LIMITS?	13e STREET A	ADDRESS					4
M	Maryland	Mont	•	Potomac		YES 🙀	NO 🗌	33 Ci	rcle	Ave	nue 2	064	0	
14. E/	ATHER'S NAME		DDLE	LAST		15 MOTHER	S MAIDEN NA	ME						_
ł	Russell		eake	LASI		Car	rlita	Talbo	MIDDLE			LAST		
	WAS DECEASED E	VER IN U.S. ARM	ED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INTEODAL	TIAL			SS	Raymo		7	
	None	(IF YES, GIVE	WAR OR DATES)	217 66	800	Russe	11 J. S	Speake						
-		FATULE :				(fa	ther)		Indi	an	Head,	PPROXIA	ALTE INTERVAL NSET AND DEAT	=
1.0	PART I. DEATI	H WAS CAUSED	BY:	line for (a), (b), ar		OF GLIC	OBLASTO	MA OT I	RIGHT					Н
	191	MMEDIATE	CAUSE (a)	D/F MEDEC	TTOM	OF GLIL	OTASIO	MA OF I	CLGIII			YE	AR	
	1116		DUE TO O	RASACONSEQUEMPORAL I	ORE OF	EVCAT	NECROS	TC OF	CDTNIA	F (2)	OPD 20	da	VS	
	Conditions, if a		(b)	THE OLVAIL I	ODE,	LOCATI	NECNOS.	TO OF 5	DE TIME	n C	OKD			
	cause (a), st	toting the	DUE TO O	RAS A CONSEQUARTIAL AT	ENCE OF	AGTG O					3da	* 70		
	underlying co	ouse lost	( (c) PA	ARTIAL AT	ELECT	ASIS O	t. LUNGS				pua	īĀP		
z	PART 2 OTHER S	SIGNIFICANT CO	NDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	NIN AL DISE ASE	OR CONE	NOITION	GIVEN IN PA	RT Ira		
CERTIFICATION	10.000000000000000000000000000000000000		Tim com					1	252	P-T-V-III-				
S	190 DATE OF OPE	ERATION	149 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	200 AUTO	PSY ?	IN CE	F YES, WERE F ERTIFYING CA	USES	OF DEATH?	
1 🖺								YES X	NO		YES 🔼		NO 🗍	
	216. ACCIDENT WAS		21b. TIME O HOUR A.		AY YEAR	21c HOW IN	JURY OCCURR	RED (ENTER NAT	TURE OF INJUR	Y IN ITEA	A 18 PART I OR PA	(RT 2)		
S	(IF EITHER NOTIFY		,	Μ.	19									
MEDICAL	21d. INJURY OCC	URRED	21e PLACE	OF INJURY		211 LOCATIO			CITY OR TO	WN	COUN	IIY	STATE	
Σ	WHILE NO	WHILE WORK	(AT HOME ST	THE PACTORY, OFFICE	PARM, ETC.)	1							0	
	22a.1 certify that	t X(this hospita	l) attended th	e deceased fram_	June	23	. 19 81	sep	tembe	r I	0, 19, 81	, t	hat X (we) le	ost
1	saw the dec	eosed alive an	eptemb	er 10 19 S	<b>31</b> , ar	nd that in (mg	(our) opinion o	death occurred	d on the do	ite and	hour and fra	m the c	auses stated	
1	771 SJESMATUJE	10	.1	31101 300111		DEGREE							IGNED	_
	Kucha	1/	Cleum	a	MO	,	ATTENDING PHYSICIAN	MEDICAL	STAF	F	/ (	9/1	1/8/	
1	THE PHYSICIAN'S	NAME (THE OF	ewd)			22e ADDRES		onal I				eal	th	-
	RICHAR	OP.	NEWA	1 up	ar	Clinic	al Cent							
	147.													

DHMH - 16 50M 1/81 (VRA 15, 4)

should be detoched for use os with the State Dept. of Health O FUNERAL DIRECTOR

MPORTANT: If them 21 is

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

9/14 /81

231 NAME OF CEMETERY OR CREMATORY Chickamuxan Cemetery

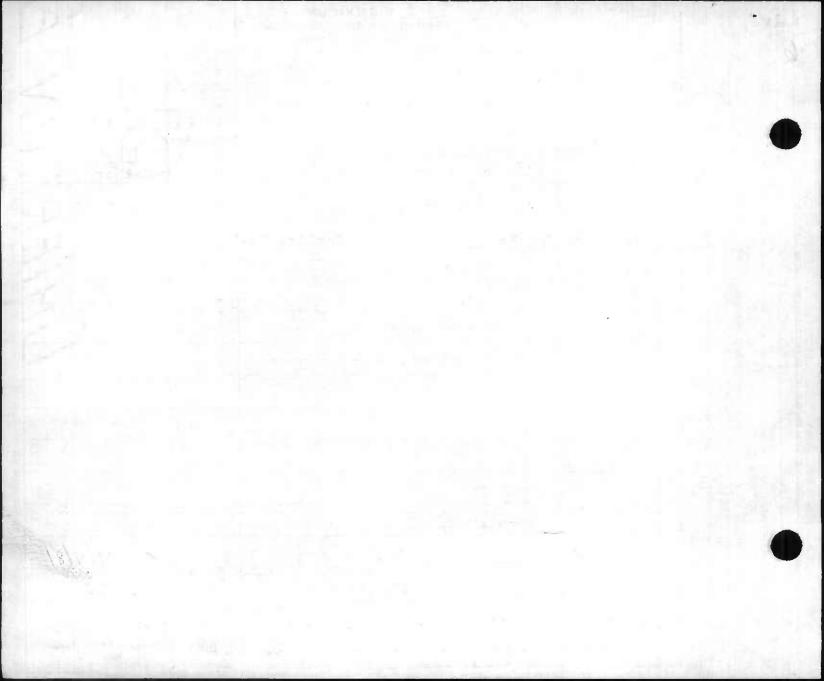
Clinical Center, Bethesda, Md. 20205

Charles Maryland

PARTICIPATION PROPERTY PROPERT

23b. DATE

ery Waldorf



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.		
		CEASED NAME BELL	A S	PIVAI		AST		ONTH DAY	2 AMM
1	1: SE)	Female	4_RACE Whi	te	Oct.	DAY YEAR	6 AGE (IN YEARS LAST BIRTHD	MONTHS YRS	DATS HOURS MIN
99	- 0	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIEI WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY OR		/
10	118	OCKUILLE	11. NAME OF	H FACILITY, GIVE STREET	G HOME C	prother Institution	120 USUAL OCCUPATION	1 121/1	MD. KIND OF BUSINESS OR USTRY
25	13a S Ma	AL RESIDENCE (IF NURSING HOME OR TATE 13b COUN ryland Mont	OTHER INSTITUTION	Rockvi	ADMISSION)	13d INSIDE CITY LIMITS? YES X NO [	13e. STREET ADDRESS 6121 Mor		Road
151		Abraham	MIDDLE	Haimowi		Clara	WIDDLE		known)
/		VAS DECEASED EVER IN U.S. AR (ES NO OR UNKNOWN) (IF YES GIV	MED FORCES? E WAR OR DATES)	165-14-9		Albert Bers		00 No.	
or ather troumotic event, II	2	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	D BY:  "E CAUSE (a)  DUE TO, O    DUE TO, O   (c)	R AS A CONSEQUE	S P13	atory fai Massive Aspirat	Preumoni	itis.	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
hows any injury,	CERTIFICATION	PART 2 OTHER SIGNIFICANT (				NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, WERE	FINDINGS USED AUSES OF DEATH? NO
ed or Item 18 s	MEDICAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (HE EITHER, NOTHY MEDICAL EXAMINER 214. INJURY OCCURRED	21e PLACE	M. MONTH DA M.	AY YEAR 19 ARM, ETC.)	211 LOCATION	ED (ENTER NATURE OF INJURY I		
2) is morked		220.1 certify that (I) (this haspi sow the deceased alive on above, (I) (we) (did) (did no	916	19 4	₹ .or	nd that in (my) (our) opinion of	to 4 following death accurred on the late	198	, that (I) (we) lost om the causes stated
MT If Rem		22b. SIGNATURE	Wow	4	magnetic of the second		MEDICAL STAFF DIRECTOR PHYSICIA	1 0	DATE SIGNED
PORTA		22d PHYSICIAN'S NAME (TYPE O	AT AN	EY		He brew	Home;	6121 Man	where Rd.

DHMH - 16 50M 1/B1 (VRA 15, 4)

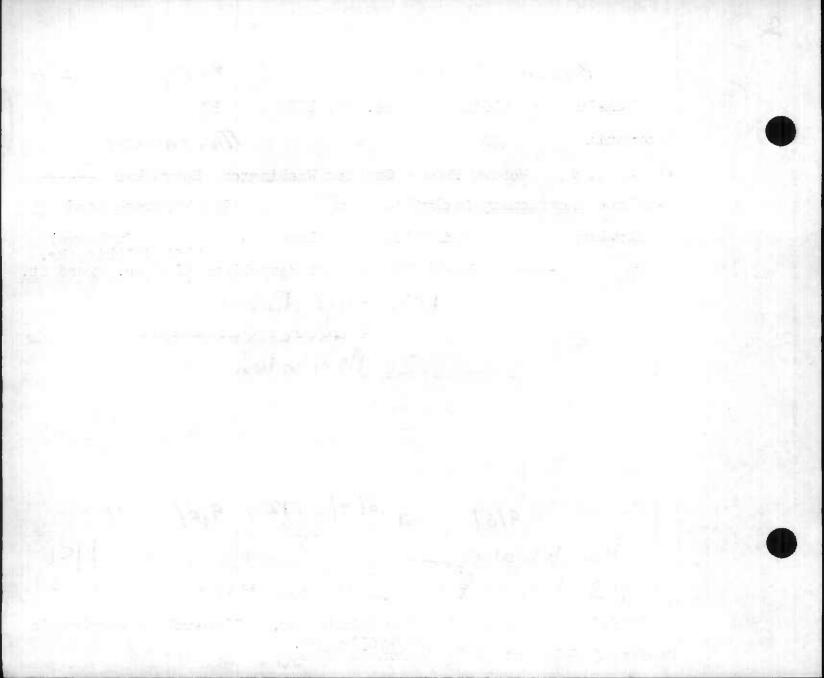
Har Jehuda Cem.

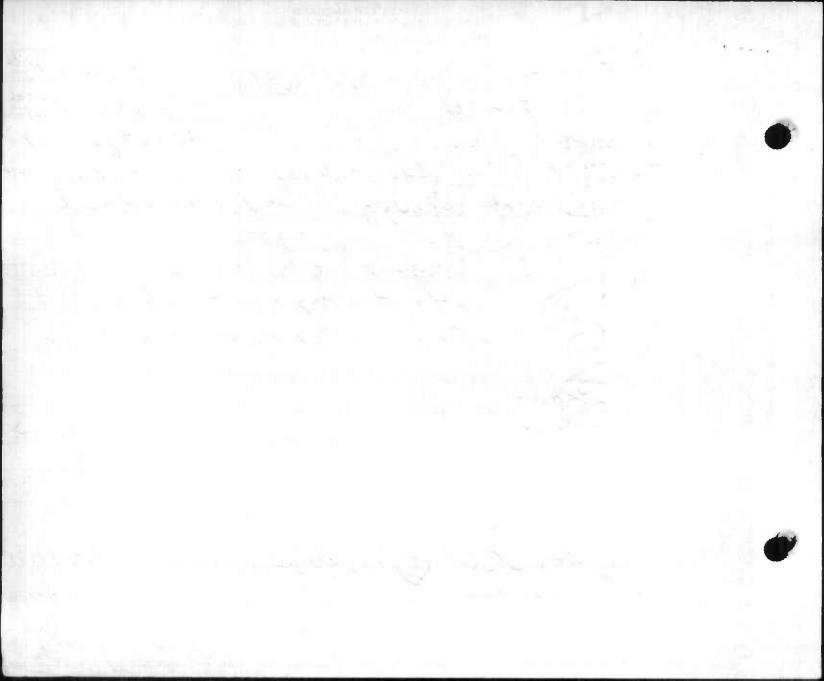
13d LOCATION
CITY OR TOWN
Llanerch, Pennsylvania
REC'D. BY REGISTRAR THE RECT.
1421 230 BURIAL, CREMATION, REMOVAL

(SPECIFY)

Burial

24 FUNERAL DIRECTOR 9-8-1981 Danzansky-Goldberg; 1170 Rockville Pike





executed within 24 hours offi

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN. The law etained by the hospital at attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 721 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar other traumatic event, the medical exam

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

STATE OF MARYLAND	
EPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

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SEP 9 1981 Francis January Lather

	1 - ST RE			DEPARTA		EALTH AND MENTAL HY	GIENEO REG. N	L. 10.	4 4	1 %
	1. DECEA	SED NAME FIRST		MIDDLE	L	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
		y Margaret S'	TANKO				Septemb	er 5.	1981	0345 AM
	3. SEX		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BI		IE UNDER I YEAR	1E UNDER 24 HRS
	F€	emale	Caucasi	te an	Augu	st 31, 1923	58	YRS	MONTHS DAYS	HOURS MIN.
-0	7a. BIRTHI	PLACE (STATE OR FOREIGN		WHAT COUNTRY?	8		9 BALTIMORE CITY		Y OF DEATH	
1		hington D.C.	Unite	d States		D X NEVER MARRIED	Montgome	ry Co	untv	MD
	10 CITY C	OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12b KIND C	F BUSINESS OR
1	Be	thesda, MD.	Nation	al Naval	Medic	al Center	Housewif		Home	
1	USUAL RI	ESIDENCE (IF NURSING ICM)	OTHER INSTITUTION			A 121 IS ICIDE CITY INVITED	In capera appear			
5			irfax	McLean	N	13d INSIDE CITY LIMITS?	905 Kimb	erwic'	ke Road	
		R'S NAME				15. MOTHER'S MAIDEN NA	AME	ZI WIC		
)	TI.o.	FIRST T. M. D.	MIDDLE	LAST		Fligsboth	Martha Dille		LAS	17
-	160. WAS	DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	ESS		
)		OOR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	578-34-3	818	John Stan	ko see ite	n 13		
	Co	CAUSE OF DEATH (Enter at PART I. DEATH WAS CAUSE 1833 4 IMMEDIA and transport of the part	DUE TO, O	Cardiovas  R AS A CONSEQUE  irreversi  R AS A CONSEQUE	cular NCE OF ble s		-1:		BETWEEN	IMAJE INJERVAL ONSET AND DEATH
	PA	RT 2. OTHER SIGNIFICANT				ntestinal ble		DITION GI	VEN IN PART 10	a
	U	DATE OF OPERATION 7AUG81/03SEP8		TION FOR WHICH		N WAS PERFORMED	200 AUTOPSY?  YES ▼ NO□	IN CERTI	S, WERE FINDIN	
	CAL	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR				
	- VV	. INJURY OCCURRED  HILE NOT WHILE NORK	21e PLACE	OF INJURY SEET, EACTORY, OFFICE, EA	ARM ETC )	21f LOCATION STREET	CITY OR TO	)WN	COUNTY	STATE
	220	I certify that (4) (this hasp saw the deceased alive an above, (4) (we) (4) (did no	_Septem	ber 5 1,81	ugust	27 19 81 and that in (***) (aur) apinion	to Septem			that <del>(It</del> (we) lost causes stated
	22b	SIGNATURS	1 .1			DEGREE			22c. DATE	SIGNED
		K. Kend	ruk		1	AD ATTENDING PHYSICIAN [	MEDICAL STA		550	A 81
	22d	PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS				
		R. Kendrick	LCDR M	C USN		NNMC, Wisco	onsin Ave.,	Bethe	esda, MD	20814
	23a BURI	AL, CREMATION, REMOVAL	23b DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION			
	Bur	rial	9/8/9	Arl	lingto	on Nat'l. Cem	. Ft. Myer-	Arlin	gton' Co	Va STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR

Jos.Gawler's Sons, Inc.-5130 Wisc. Ave, NW-Wash, DC

BP

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DHMH - 16 50M 1/81 (VRA 15, 4)

		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO			
III.		ECEASED NAME FIRST	bert	WIDDIE	STA	AST PP		AONTH DAY	981	2b. HOUR
	3. SE		4 RACE WHIT	Ë	5. DATE O	H OAY YEAR	SEPTEMBE 6 AGE (INYEARS LAST BIRTH		DER I YEAR	IF UNDER 2-
39		SIRTHPLACE (STATE OR FOREIGN COUNTRY) NEW YORK	u.s.		MARRIE WIDOWE	D X NEVER MARRIED DIVORCED D	MONTGO !!	COUNTY OF	Cor	nTy
8	S	16 CL SPRING VAL RESIDENCE (IF NURSING TOME	HO14	CHESCILITY, GIVE STREET	ADDREST	PHL	120 USUAL OF CUPATION MERCHANT	WORKING LIFE) IN	26 KIND O NDUSTRY	QUOR
37	13a	ST MARYLAND MON	TGOMERY			138. INSIDE CITY LIMITS?	130 1220 PEAST	WEST H	IGHWA	y
50		JACOB	WIDOLE	STARR		(UNÁSCERTA	INABLE) MIDDLE			TAINA
e medico		WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YES	ARMED FORCES?  GIVE WAR OR DATES)	166 SOCIAL SECT		CELIA STARR,	1220 EAST	VEST HI	SPKIN GHWAY	G, MI
other i		gove rise to immediate couse to, stating the underlying cause last	DUE TO, C	DR AS A CONSEQUE	ENCE OF					
y injury, or ather t	MOIT	couse to stoting the underlying cause lost  PART 2 OTHER SIGNIFICAN	Ic)T CONDITIONS <u>C</u>	ONTRIBUTING TO I	DEATH BUT					
hows any injury, or ather t	RTIFICATION	couse to stoting the underlying cause lost.  PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION	10) T CONDITIONS <u>C</u>	ONTRIBUTING TO I	DEATH BUT	n was performed	200 AUTOPSY?	206. IF YES, WE IN CERTIFYING	RE FINDING CAUSES	IGS USED
Item 18 shows any injury, or ather to	ICAL CERTIFICATION	COUSE 10 stoting the underlying cause lost  PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFETHER NOTIFY MEDICAL EXAMI	T CONDITIONS C  196 COND  196 COND  196 COND  197 COND  198 COND  198 COND  198 COND  198 COND  198 COND	ONTRIBUTING TO I	DEATH BUT	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WE IN CERTIFYING	RE FINDING CAUSES	GS USED OF DEATH
orked ar Hem 18 shows any injury, or ather t	MEDICAL CERTIFICATION	Couse 10 stoting the underlying cause lost.  PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	T CONDITIONS C  196 COND  196 COND  196 COND  196 COND  196 COND  216 TIME C HOUR A P 216 PLACE	ONTRIBUTING TO I	DEATH BUT HOPERATIO AY YEAR 19	n was performed	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES IN ITEM 18 RART : (	RE FINDING CAUSES	GS USED OF DEATH
m 21 is morked or Item 18 shows any injury, or ather t		Couse 10 stoting the underlying couse lost.  PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFETHER NOTIFY MEDICAL EXAMINATION OF COURTED AL WORK  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINATION ALL WORK  220.1 certify that (1) (this has sow the deceased alive obove, (1) (we it included)	T CONDITIONS C  19b COND  19b COND  19b COND  19b COND  21b TIME ( HOUR A HOUR A P 21c PLACE (AI HOME ST	ONTRIBUTING TO I	OPERATIO  AY YEAR  19  FARM, ETC.)	21t. HOW INJURY OCCUR 21f. LOCATION STREET  19 and that in (my) (our) opinion	200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJURY CITY OR TOW	20b IF YES, WE IN CERTIFYING YES IN INITEM 18 RART 1	COUNTY	NGS USED OF DEATH NO
NT: If Hem 21 is morked or Item 18 shows any injury, or ather 1		PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF  (IF EITHER NOTIFY MEDICAL EXAMI  210. I Certify that (1) (this had some some the deceased alive above, (1) (we I find) I did  22b SIGNATURE	T CONDITIONS C  19b COND  19b COND  19b COND  19b COND  21b TIME C HOUR A HOUR A P 21c PLACE (AI HOME ST	ONTRIBUTING TO I	OPERATIO  AY YEAR  19  FARM, ETC.)	21f. LOCATION STREET  19 and that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJURY CITY OR TOW	20b. IF YES, WE IN CERTIFYING YES IN ITEM 18 RART 10	COUNTY	NGS USED OF DEATH NO
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Design State of the State of th Auch Mysterdick Mysterin 18/8/8 Intitude may made wheel who MANUE H Elig M.D.

1	1-	FOR STATE REGISTRAR		. DEPARTM	MENT OF HEAL	MARYLAND TH AND MENTAL TE OF DEATH	L HYGIENE	8   REG. 1	2	4 4	1 6
		CEASED NAME FIRE	BERT	E.	STECKLI XXXXXXXX			ATE OF DEATH	MONTH 2 2 -	DAY YEAR	26. HOUR 7
-	3. SE)	Х.	4 RACE		5. DATE OF BI	RTH		E (IN YEARS LAST B	IRTHDAY)	IF UNDER 1 YEAR	
J		MALE	CAUC	ASIAN	JUNE 1	9, 1903		78	YRS	MONTHS DAYS	HOURS MIN.
1		RTHPLACE   STATE OR FOREIG	N 76 CITIZEN OF	WHAT COUNTRY?	MARRIED	NEVER MARRIED	9 BAI	LTIMORE CITY	OR COUNT	Y OF DEATH	
J		ASHINGTON D.		s.A.	WIDOWED	DIVORCED		MONTGOM	IERY		MD.
1	Bŧ	ITY OR TOWN OF DEATH ETHESDA	SURU SURU	HOSPITAL, NURSIN ICH FACILITY, GIVE STREET / RBAN HOSP	ADDRESS)	THER INSTITUTION		SUAL OCCUPA ASH FOR AT			OF BUSINESS OR
7		AL RESIDENCE (IF NUR	COUNTY			INSIDE CITY LIMI	TS?   13e S1	TREE LADDRESS	7TH ST	REET, N	J.W.
200	I4 FA	JOHN THER'S NAME	WIDDIE	STECK		NOTHER'S MAIDE		MIDDLE	v_ 1	KRAUSE*	ST
100	[7	VAS DECEASED EVER IN U. YES, NO OR UNKNOWN) (18 )	S. ARMED FORCES? ES, GIVE WAR OR DATES)	16h SOCIAL SECU 577-48		ELIZABE	DAUGHT TH M.			MEADOWI SDA, MI	LARK LANE
X	,	4100	AUSEĎ BY: EDIATE CAUSE (a) DUE TO, (	Acute no	nce of			Sean		Sud 20	den  yrs
5		Canditians, if any, whi gave rise ta immedia cause (a), stating t underlying cause la	te he DUE TO, C	dr as a conseque							
77	CATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100  CEVED VO VASCULLA DISEASE - VEMORE									
H	(Defica)	19a. DATE OF OPERATION	19b CONE	DITION FOR WHICH	OPERATION W	AS PERFORMED	20a YES	AUTOPSY?	IN CERTI	S, WERE FINDS IFYING CAUSES ES []	NGS USED S OF DEATH?
2	CAL CES	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX.	OF DEATH HOUR A	DFINJURY I.M. MONTH DA P.M.	Y YEAR	HOW INJURY O	CCURRED (E	NTER NATURE OF INJ	URY IN ITEM 18	PART I OR PART 2)	
2	io gen	218 INJURY OCCURRED  NOT WHILE [		OF INJURY TREET, FACTORY OFFICE FA		LOCATION STREET		CITY OR T	OWN	COUNTY	STATE
V		220.1 certify that (1) (this saw the deceased ali abave, (1) (we) (did) (c	ve an S	26 19	2 L, and the	, 19	, ta	orec			that (I) (we) last
3		22b. SIGNATURE Nobles	1 2 Hey	m mo	DEG	ATTENDII PHYSICI		OICAL STA		9/2	SIGNED
7		ROBERT	TYPE OR PRINT!	w. Mil	) 22e	454 W	130 F	DUE CU	1004	cha=	se, Md

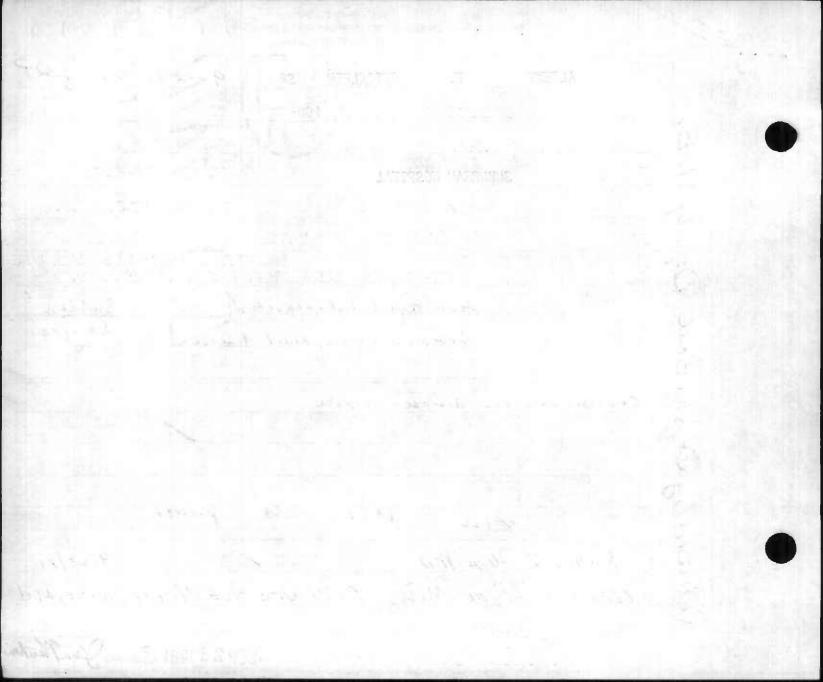
FT. LINCOLN

DHMH - 16 50M 1/81 (VRA 15, 4)

BURIAL

BURIAL 9/26/81 FT. LINCOL
24. FUNERAL DIRECTOR FRANCIS J. COLLINS
ADDRESS
500 UNIV. BLVD., W., SILVER SPRING, MD. 20901

23d. LOCATION
CITY OF TOWN
BRENTWOOD PRIGEO SEP 28 1981 Councer



18		1.	FOR - STATE REGISTRAR	DEPA		LTH AND MENTAL HYG ATE OF DEATH	REG. NO	244	1 1 /
y be	deoth deoth	(TYP	CEASED NAME FIRST	S. MIDDLE	Steint	Celd	(	7-26-8	31 12 A M
age 4 may	vie offer de	3. SE	emale	Cau	5. DATE OF B	29 06	6 AGE (IN YEARS LAST BIRTH	YRS	DAYS HOURS MIN.
death, P	funeral thin 72 to		IRTHPLACE (STATE OR FOREIGN COUNTRY)  ITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTY  11. NAME OF HOSPITAL, NUE	MARRIED L	DIVORCED D	9 BALTIMORE CITY OR  MONTG	omery	Coun Kymo
1201 Jurs after	e filed wi	1	skama Pork	UP NOT IN SUCH FACILITY, GIVE ST WAS hing Tom OR OTHER INSTITUTION GIVE REJIDENCE BE	HOWENT	ist Hosp.	Housew:	WORKING LIFE) INDU	IND OF BUSINESS OR STRY
rLAND 2	2 should be	13a.	STATE MICOL	JINTY 13, STY OR I	P,C Y	d. INSIDE CITY LIMITS?  YES X NO   MOTHER'S MAIDEN NAM	130 STREET ADDRESS	nn, Aus	NW
E, MAR	omple Col	16a \	Morris  VAS DECEASED EVER IN U.S. A	Sha	pos	Mollie INFORMANT	ADDRES	, s	Kaplan
LTIMOR be exec	rrs. Pages		YES, NO OR UNKNOWN) (IF YES G	213-01-	-1295 R	uth Lothan;		e; Skokie	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN, The law requires that the death certificate be executed within 24 hours	id by the attending physicase remove carbanpap ial, cremation, ar remava or ather traumatic event,		Canditians, if any, which gove rise to immediate couse (0), stating the underlying cause last	DUE TO, OR AS A CONSE	OUENCE OF	CEPIRATOR PMPHYSEM TENNY DR	ATI SIRATIAS	E	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
ORDS, 2	en signe Then p ar to bur	NOL	CERCIBRA	CONDITIONS CONTRIBUTING	10 DEATH BUT NO		ARIENWOSCL	profice it	me disense
AL RECO	te has be sait permit giene priis shaws any	CERTIFICATION	19a Date of Operation	196 CONDITION FOR WH	ICH OPERATION V	VAS PERFORMED	200 AUTOPSY? YES NOTE	206. IF YES, WERE F IN CERTIFYING CA YES	
PHYSICIAN:	ding physicic is certificate burial-transit Mental Hygis or them 18 sho	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  (IF EITHER NOTIFY MEDICALEXAMIN  21d. INJURY OCCURRED	EATH	DAY YEAR	IL HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PA	R1 2)
DIVISIO ING PH	After this as the k Ith and / iarked a	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFI	ICE, FARM, ETC )	STREET	CITY OR TOW	N COUN	TY STATE
ATTEND	CTOR: J d for use 1. of Hea m 21 is m		saw the deceased alive a above (1) (we) (did) (did n	pital) attended the deceased from	9, and the	hat in (my) (aur) apinion d	eath occurred an the dot	e and have and from	m the causes stated
TAL OR	yy the ha		27b. SIGNATURE	ert Krickme	ر د		MEDICAL STAFF	1	Fulvy 6/4
I HOSPI	O FUNER, hould be d		22d. PHYSICIAN'S NAME (TYPE	or PRINT) KRICH		Re ADDRESS 7	733 AZAS	KA ME	UNE NW 6 20012
F	5 - 0 - 3	230	DIPINI CREMATION DEMOVA	1 22L DATE 2	2. NIAME OF CEAS	ETERY OR CREATARY	224 LOCATION		

Burial 9-28-81 Arlington Nat'l

Arlington Nat'l

Rockville, Md.

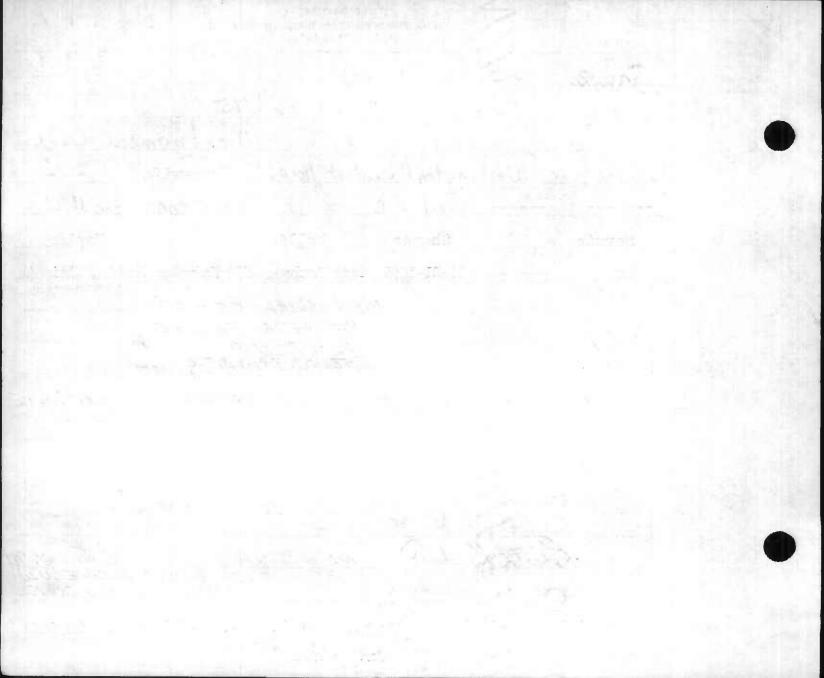
Danzansky-Goldberg Chapels; 1170 Rockville Pike

STATE OF MARYLAND

CITY OR TOWN

DHMH - 16 50M 1/81 (VRA 15, 4)

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1	1.	Item 15 g560 FOR STATE REGISTRAR			DEPAR	CERTIF	ICATE OF DEAT		REG. N		4 4	1 8
n =		CEASED NAME OR PRINT) MADGALO	mst ET	^	MIDDLE	<	JCI 100)	λ	20 DATE OF DEATH		AY YEAR	26. HOUR
1	3 SEX	MANAMA	4	RACE		5 DATE C		YEAR	& AGE (IN YEARS LAST BIRT		26 8 F UNDER 1 YEAR	IF UNDER 24 HRS
(M/IV)		Female		White		5		96	8.5	YRS	ONIII3	NOONS MIT
119	C	RTHPLACE (STATE OR FORE)	GN 7		WHAT COUNTRY	MARRIE	D NEVER MARR		BALTIMORE CITY O			
3 1/-/-		Georgia Ity or town of DEATH	1	I. NAME OF I	A HOSPITAL, NURS	WIDOWE	DIVORC	10.00	Montgomer			OF BUSINESS OR
1 90	В	ethesda	1	Bethe	HEACILITY, GIVE STREET Sda Ret	ireme	ent Cent		Photogra	F WORKING LIFE	INDUSTRY	
PR 5/10	USU,		HOME OR C	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION OF TOWN			134. INSIDE CITY LI	IMITS?	13e. STREET ADDRESS	2		3 1 2
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		D.C.			Washin		YES NO.		2212 Cath	odral	Ave.	
App.	14. FA	THER'S NAME		DOLE	LAST		IS MOTHER'S MA		ME MIDDLE	<del>eara</del>	LA	
101/201	Н	enry	M	DOLE	Mann		-Dere	D	orcas		Smi	
The gent of 3	16a V	VAS DECEASED EVER IN (ES, NO OR UNKNOWN)	F YES, GIVE V	AR OR DATES)	166 SOCIAL SEC		17 INFORMANT	155	Lakeview	Ave.	Rck.C	entre
M. P. D.		no I			1579 14	7420	Laginiting	qs H	. Dennis	N	ew Yo	CIMATE INTERVAL ONSET AND DEATH
atio evi		PART I. DEATH WAS	CAUSED	One couse per BY: CAUSE (0)	line torner (b), o	Aura	tony O	in	er T		BETWEEN Z	ONSET AND DEATH
omitin terafio ton, or traum		2639 Conditions, if ony, w	hich	DUE TO, O	R AS A CONSEO	UENCE OF	Dan	~	wire		3	Down
tby the a se remov al, cremat r, or other		gove rise to immed couse 101, stoting	diote	DUE TO, OI	r as a conseo	UENCE OF	Malne	ity	tier			7
n signer to burl ty injury	NO	PART 2 OTHER SIGNIF	ICANT CO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO T	THE TERMI	NAL DISEASE OR CON	DITION GIVE	N IN PART 1	0,
tehas be permit. T serie prior	TIFICATION	19a DATE OF OPERATIO	N	196 CONDI	ITION FOR WHIC	H OPERATIO	N WAS PERFORME	D	200 AUTOPSY?			NGS USED S OF DEATH?
yacian yacian transit transit	AL CER	210 ACCIDENT WAS UNDER	SE OF DEAT		M. MONTH		21c HOW INJURY	OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM TO, PA	RT I OR PART 2)	
When this of the burial Men	MEDIC	IIF EITHER, NOTIFY MEDICAL E  21d. INJURY OCCURRED  NOT WHILE AT WORK	)	21a PLACE ( (AT HOME, STI		19 E, FARM, ETC.)	211 LOCATION STREET	\	CITY OR TO	WN	COUNTY	STATE
TOR: J		22a I certify that (I) (the saw the deceased	is hospito		e deceased from	201	ingus 119	9.76	eoth occurred on the d	nte and hour		that (I) (we) last
REC HELD		obove, (I) (we) (did	(did not)	view the body			DEGREE					SIGNED
The horizon of the ho		1 hou	64	C. 6	tourse	0		NDING SICIAN	MEDICAL STA	FF IAN []	9/2	26 (4)
T St St	1	224. PHYSICIAN'S NAM	E (TYPE OR I	RINT)			220 ADDRESS				/ =	1
etained 70 FUN With the MPORT		Thomas C.							nsin Ave.	Chev	y Cha	se Md.
	(	BURIAL, CREMATION, RE	MOVAL	100			EMETERY OR CREM	AATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
BP	No.	Cremation		9/27/		etrop	olitan	164 = 1	Alexand			irginia
DHMH-16 25M (VRA 15, 4) 1/79	8	434 Ga. Ay	oumpi ne.	hrey I Silver	Nc .ADDRESS Sprin	g Md	10172	ZSO. DATE	SEP 3 0 198	-1	LCGO SIGNA	TURE THE



1.10	ECEASED NAME	FIRST	MIDDLE	LAST		20	. DATE OF DEA	ATH MONTH	DAY YE
	,	HARLES 1	TIMOTHY	STOKES	S-SHOREY			SEP	14 8
3 SI	MALE	4 RACE	AUCASIAN	5. DATE OF B	DAY YE	AR	AGE (IN YEARS L		MONTHS
7.0	BIRTHPLACE (STATE OR		OF WHAT COUNTRY?	SEP	15 8	-	DO	YRS.	00 0
70. 0	MAINE			MARRIED [	NEVER MARRI	EDXX		comery	TOFDEA
10. (	ITY OR TOWN OF DE	ATH 11. NAME	OF HOSPITAL, NURSIN	G HOME OR C			usual occi	-	12b. K
B	ACZHTE	NATI	ONAL NAVAL		L CENTER		TYPE OF WORK FOR /	MOST OF WORKING	LIFE) INDU
	JAL RESIDENCE (IF NOR STATE MAINE	COUNTY	TION, GIVE RESIDENCE BEFORE 13c. CITY OR TOWN OK Madletor	ADMISSION)	INSIDECITY LIA	AITS?	e STREET ADDR		+
4 F	ATHER'S NAME	WIDDLE	LAST	15.	Maric			DLE	
160	CHARLES WAS DECEASED EVER	NMN R IN U.S. ARMED FORCE	SHORE S? 166 SOCIAL SECUI		INFORMANT	/AX	A	ADDRESS	
	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATE			Marion S	horey	Same	as #13	(Mot
	T	TH (Enter only one couse	per line for (a), (b), onc	d (c).1					BET
	PART I. DEATH V	WAS CAUSED BY: IMMEDIATE CAUSE (a	Hydroce	phalus	s				
	7423		D. OR AS A CONSEQUE	NCE OF					
	Conditions, if ony	, which	)						
	gove rise to im couse (a), state		D. OR AS A CONSEQUE	NCE OF					
	underlying cause								
7	PART 2 OTHER SIG	NIFICANT CONDITION	S CONTRIBUTING TO D	EATH BUT NO	T RELATED TO TH	HE TERMINA	AL DISEASE OR	CONDITION G	IVEN IN PA
ě	100 11 11 13								
CERTIFICATION	198. DATE OF OPERA	ATION 196 CC	NDITION FOR WHICH	OPERATION V	VAS PERFORMED		200 AUTOPSY		ES, WERE F IFYING CA
RTIF				-			YES 💢 NO		YES 🗌
	210. ACCIDENT WAS UN		AE OF INJURY R. A.M. MONTH DA	Y YEAR	It. HOW INJURY	OCCURRED	(ENTER NATURE C	81 MBTI MI YRULMI PC	PART I OR PA
EDICAL	(IF EITHER NOTIFY MED		P.M.	19					
_	21d. INJURY OCCUR		ACE OF INJURY		IL LOCATION STREET		CITY	ORTOWN	COU
W.	WHILE NOT W	MILE							
ME	AT WORK AT WO					TI Y	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	THE CLE	10 0.
ME	AT WORK AT WO	) (this hospital) attende	d-the deceased from	2325 12	SEP , 19.	81	, to <u>1546</u>	74 ZFb	. 17 <u>— He</u>
ME	220. I certify that (I		10 8	2 /	hot in (my) (our)		, 10		
ME	220. I certify that (I		10 8	, and ti	, 19.		th occurred on	the date and ha	. 17
MEI	22s. I certify that (I's sow the decease above, (I) (we) (	sed plive on 14	10 8	, and the DEC	hot in (my) (our)	opinion dec	ediatri MEDICAL	the date and ha	our and fre
ME	22s. I certify that (I's sow the decease above, (I) (we) (	sed olive on 14 (did) (did not) view the b	10 8	, and the DEC	hot in (my) (our)	opinion dec	th occurred on	the date and ha	our and fra
ME	220. I certify that (I sow the decess obove, (I) (we) (226. SIGNATURE	sed olive on 14 (did) (did not) view the b	ody fiter death. 198	DEC ML	hot in (my) (our)	opinion dec	ediatri MEDICAL DIRECTOR P	the date and ha	22c.

230 BURIAL, CREMATION, REMOVAL

Hyattsville, Maryland

Burial

23b. DATE 9/18/81

FOR

REGISTRAR

- STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

DISEASE OR CONDITION GIVEN IN PART 110 a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OR TOWN COUNTY al \_\_\_\_, that (I) (we) last " T24P TA ZEL occurred on the date and hour and from the causes stated Pediatrician DEGREE 22c. DATE SIGNED Duty MEDICAL STAFF DIRECTOR PHYSICIAN MD National Naval Medical Center 231. NAME OF CEMETERY OR CREMATORY George Washington Cem. Hyattsville P.G. Maryland 4Francis Gasch's Sons Funeral Home. P.A. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

REG. NO.

26 HOUR

126. KIND OF BUSINESS OR

N/A

Wood

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

1546

INDUSTRY

(Mother)

DAYS pa

IF UNDER I YEAR

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

Charles C. all this co notes as record is think a target continues, at Directional is

with the street of the street

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

2

FOR STATE REGISTRAR		IT OF HEALTH AND MENTAL HYC ERTIFICATE OF DEATH	REG. NO.	4 4 2 9				
1. DECEASED NAME FIRST	MANAGERIANE J. ST	CONEBURNER	September 5,	1981   2b HOUR   6:50p				
3. SEX FEMALE	4 RACE CAUCASIAN	JUNE 8, DAY 1898 EAR	6 AGE (IN YEARS LAST BIRTHDAY)  83					
**BIRTHPLACE (STATE OR FOREIGN MARY LAND	u.s.a.	MARRIED NEVER MARRIED NOT	Montgomery					
Olney	11. NAME OF HOSPITAL, NURSING H (IF NOT IN SUCH FACILITY, GIVE STREET ADDI Montgomery Gene	eral Hospital	(TYPE OF WORK FOR MOST OF WORKING CLERK TR	126. KIND OF BUSINESS OF INDUSTRY LEASURY DEPT.				
MARY LAND MON	LE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADJUSTED TO STATE OF STATE O	PRINGYES X NO [	130 STREET ADDRESS AMHE	RST AVENUE				
GEORGE	E. BURROUGHS	15 MOTHER'S MAIDEN NA BARBARA	U. MIDDLE	PETERS LAST				
160 WAS DECEASED EVER IN U.S. (YES, NO OF UNKNOWN) (IF YES,	ARMED FORCES? [16b SOCIAL SECURITY 219-48-			3 BREEWOOD ROAD ER SPRING,MD.				
	DUE TO, OR AS A CONSEQUENC	E OF	NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11					
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OP	eration was performed	ATION WAS PERFORMED 200 AUTOPSY? 200-IF YES, WER					
OR CONTRIBUTION CONTRACTOR	DEATH HOUR A.M. MONTH DAY		RED (ENTER NATURE OF INJURY IN ITEM )	B, PART 1 OR PART 2)				
OR CONTRIBUTING CASE OF THE PROPERTY MEDICAL EXAMI	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM	.ETC.) 21f LOCATION STREET						
sow the deceased alive	ospitol) ottended the deceosed from	, ond that in (my) (aur) apinion	deoth occurred on the date and h	, 19 , that (1) (we) las				
22b. SIGNATUR	Totaller		MEDICAL STAFF DIRECTOR   PHYSICIAN	22c. DATE SIGNED 9/6/8/				
22d. PHYSICIAN'S NAME (TY	pe or print) Goldbera	10401 Old Good	gebon Pel- Beth	heide, mcl.				

DHMH - 16 60M 1/75 (VR A 15 (4))

should be detached for use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene priar to burial, IMPORTANT: If them 21 is marked or Item 18 spaws any

230. BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL

23c NAME OF CEMETERY OR CREMATORY PARKLAWN CEMETERY

23d. LOCATION
CITY OF TOWN
ROCKVILLE

MD. MONT

24 FUNERAL DIRECTOR FRANCIS J. COLLINSDERSS 500 UNIV.BLVD., W., SILVER SPRING, MD. 20901

9/8/81

REGISTRAR 25b. REGISTRAR'S SIGNATURE

Loskipensky Ocumby Olacy Montequery Governl Essligsl

Manual Library Contract Contra

	REGISTRAR	MIDDLE	CERTIFICATE		REG. NO.	NTH DAY YEAR 25 HOLL
	DECEASED NAME FIRST	1	51 11		Za. DATE OF DEATH MO	3 1981 7 35
_		net T.	27ra4	m,	J-401,	
3	SEX	4 RACE	5. DATE OF BIRTH	DAY YEAR	& AGE (IN YEARS LAST BIRTHOA	MONTHS DAYS HOURS
	Female	Caucasian	April 13	1896	85	YRS.
70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COU	MARRIED . NE	VER MARRIED	BALTIMORE CITY OR	COUNTY OF DEATH
	Virginia	United Stat	es WIDOWED	DIVORCED [	Montgomery	
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		INSTITUTION	12th USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	
	Rockville	Rockville 1		le	Insurance	Agent Insur
13	SUAL RESIDENCE (IF NURSING HOME 38 STATE 1136 CO	OR OTHER INSTITUTION, GIVE RESIDENCE UNITY #13c CITY O		IDE CITY LIMITS?	13. STREET ADDRESS	
5			cville YES D		6104 Cross	sover Lane
_	FATHER'S NAME		15 MOT	HER'S MAIDEN NAM	ΛE	
1	FIRST	MIDDLE LA		Martha	MIDDLE W	Hughes
110	William WAS DECEASED EVER IN U.S.		sley	Martha_	W . ADDRESS	
11		SIVE WAR OR DATES)				er, Daughter
L	No	230-	16-6183 San	ne as ité	em #13	
	18 CAUSE OF DEATH (Enter	anly ane cause per line far (a),	(b), and (c).)	-		BETWEEN ONSET AND
-	PART I. DEATH WAS CAU	SED BY: (ATE CAUSE (a)	<b>S</b>	enticemia		4 Day
	I GO G	ATE CAUSE (0)		1		7
	19770	DUE TO, OR AS A CON	SEQUENCE OF	2/	1 ( -	3
	Canditians, if any, which	(b)	yen	Journan	1 Inkestion	3 wells
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF			
	underlying cause last.	( (6)				
	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT REL	ATED TO THE TERM!	INAL DISEASE OR CONDIT	ION GIVEN IN PART I(a)
13		4			2	1 1 +
	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	1111.000000	WHICH OPERATION WAS P		200 AUTOPSY? 12	Ob. IF YES, WERE FINDINGS USED
1/19	S IN DATE OF OPERATION	176 CONDITION FOR	VIIICH OPERATION WAS P	ERFORMED		N CERTIFYING CAUSES OF DEAT
					YES NO Z	YES NO
्राह				W INJURY OCCURR	ED (ENTER NATURE OF INJURY II	NITEM 18, PART 1 OR PART 2)
7 :	OR CONTRIBUTING CAUSE OF I	DEATH	H DAY TEAR			
1	(IF EITHER, NOTIFY MEDICAL EXAMIN  21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY		CATION		
	WHILE NOT WHILE	(AT HOME, STREET, FACTORY,		TREET	CITY OR TOWN	COUNTY
	AT WORK AT WORK		A		7.	
	220.1 certify that (1) (this ho	spital) attended the deceased	from Aug 2	7_ 19_X/	to	, 19 <u>-8(,</u> that (I) (w
- 1	saw the deceased alive	an Just. 3	_19_ <u>&amp;_/</u>	(my) (aur) apinian d	death occurred an the date	and haur and fram the causes sta
	22b. SIGNATURE	nat) view the bady after death.	DEGREE			22c. DATE SIGNED
	270. SIGNATURE	Q )	d a	ATTENDING	MEDICAL STAFF	5 +346
	( - / \-	News MI	1	PHYSICIAN	DIRECTOR   PHYSICIA	
Q	224. PHYSICTAN'S NAME (TYP	E OR PRINT)	27e AD	DRESS 1145	19th Stree	- N.W.
	C P Cm	M D		Machi.	noton D C	20036
_		ver, M.D.	T		ngton, D.C	. 20036
23	3a. BURIAL, CREMATION, REMOV. (SPECIFY)	AL 236. DATE Sept.	23c NAME OF CEMETER	OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STA
	Cremation	4.1981	Metropolit	an Crem	atory, Ale	xandria, Vire
24	A SUNISPAL DIRECTOR		-	25a DATE	REC'D. BY REGISTRAR 75	Xan dria Vita
	4 FUNERAL DIRECTOR Robe	14,1981 ert A. Pumph Bethesda, M	rey Funeral	25a DATE	REC'D. BY REGISTRAR 75	

as T.T. Alas

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled verified to the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR

	STA	TE	0F	M	ARYL	AND		
DEPARTMENT	OF	HE	AL'	TH	AND	MENT	AL	HYGI

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

REGISTRAR		CERTIFICATE OF DEAT	H REG. NO.					
(TYPE OR PRINT)	IRST MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b HOUR				
	iam tatrick		10-1	12 1981 8:40 H				
3. SEX	4. RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MI				
Male	Caucasian	Feb. 7, 1921	L 60 YRS					
70 BIRTHPLACE (STATE OR FOR	IGN 76. CITIZEN OF WHAT COUNTRY?	MARRIED XX NEVER MARRI	9 BALTIMORE CITY OR COUN	TY OF DEATH				
New Hampshi	re United States			meny co.				
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION		12h KIND OF BUSINESS (				
PathesDA	(IF NOT IN SUCH FACILITY GIVE STREET	waban	(TYPE OF WORK FOR MOST OF WORKING Attorney	Law				
	HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION)		Пам				
	COUNTY 13c CITY OR TOW			d Count				
Maryland Mo	ontgomery   Bethes	da YES XX NO		d Court				
FIRST	MIDDLE	FIRST	WIDDLE	LAST				
Dennis	Sulliv			Conlon				
16a WAS DECEASED EVER IN (YES, NO OR UNKNOWN) (	IF YES, GIVE WAR OR DATES)	Mrs. Ma	ary A. Sullivan,	Wife,				
	1003-10		s item #13					
PART I, DEATH WAS	Enter only one couse per line for to ), (b), on CAUSED BY:	/ / ./		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT				
IA IM	MEDIATE CAUSE (0) 1 PSA	iratory yaill	1/6	42 GOURS				
Canditions, if any, w	DUE TO, OR AS ACRISEQU	ENCE OF VESS	Sparu	48 look				
gave rise to immed cause (a), stating underlying cause	), stoting the DUETO OR AS A CONSEQUENCE OF S DODÍZINGOUS							
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
190 DATE OF OPERATIO	1% CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?				
	SE OF DEATH HOUR A.M. MONTH DA	AY YEAR	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18	8 PART   OR PART 2]				
(IF EITHER, NOTIFY MEDICAL  21d. INJURY OCCURRED		21f LOCATION						
WHILE NOT WHILE AT WORK	TAT HOME STREET EACTORY OFFICE E		CITY OR TOWN	COUNTY STATE				
22a.1 certify that (1)—(the	is hospital) attended the deceased from	9/5, and that in (my) (our) c	Spinion death accurred on the date and hi	, 19 <u>8</u> , that (I) (we) li our and from the causes stated				
27h 5 11 10 10 10 10 10 10 10 10 10 10 10 10	98	DEGREE ATTENE	DING MEDICAL STAFF	22c. DATE SIGNED				
John 14		22e ADDRESS		11/2/01				
23a BURIAL, CREMATION, REA	MOVAL 23b DATE 23c	NAME OF CEMETERY OR CREMA						
Burial	15,1981 Ga	ate of Heaven	Silver Spri	ng, Maryland				

Robert A. Pumpharey Funeral

Bethesda, Maryland

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

Homes

TO HOSPITAL

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requires that the death certificate be executed within 14

STATE OF MARYLAND FOR - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEN®

CERTIFICATE OF DEATH

1	REGISTRAR						REG. N	10						
	DECEASED NAME MARTON		WIDDIE		AST	20 DATE C	OF DEATH	MONTH	DAY YEAR	26 HOUR				
-		XX G.	Surface			0.9		81	IF UNDER 1 YEAR	6:02PM				
3	FEMALE	CAUCAS	IAN	5 DATE C	3 28, 1900 YEAR	AGE (IN	YEARS LAST BIR	81 YRS.	MONTHS DAYS					
70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIM	ORE CITY O		TY OF DEATH					
-	WASHINGTON, D.C.		S.A.	WIDOWE			lontgo	omer		MD.				
10	CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	(TYPE OF WO	L OCCUPAT	ION DEWORKING	LIFE) INDUSTRY	OF BUSINESS OR				
	Olney	Mo	ntgomery	Ger	eral Hospi	ttal	HOME!	MAKER						
	SUAL RESIDENCE (IF NURSING HOME OF IS STATE 136 COUNTY MARYLAND MONT	ITY	GIVE RESIDENCE BEFORE 136 CITY OR TOWN SILVER SF	N	138 INSIDE CITY LIMITS?	13e STREE 362	3 TAR	KINGT	ON LANE					
14	FATHER'S NAME		P.2		15 MOTHER'S MAIDEN									
1	HARRY	L.	GESS	SFORD	KATHi	ERINE	MIODIE	KOE	HLER	AST				
16	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDR							
L	NO		578-66-4	1802	HENRY H. S	URFACE,	SR.	SAM		3 HUSBAND				
	18. CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE IMMEDIA?	E CAUSE (0)	RASPIONSEQUE	vas	alar occ	idens	1.16	2. /.	6	OXIMATE INTERVAL NONSET AND DEATH				
	Conditions, if ony, which gove rise to immediate couse 101, storing the underlying couse lost	_( (c)	RASA CONSEQUE	resa	las athero	deros	Iral a	0	L	lukeon.				
3		e hea	ontributing to b	EATH BUT	Prior myse	0 0	/	- Con	gestive	faiture.				
1000	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AU1 YES	NO [	IN CERT	FS, WERE FIND FIFYING CAUSE YES []					
	OR CONTRIBUTING CAUSE OF DEA	P.	M. MONTH DA M.	YEAR	211. HOW INJURY OCCU	JRRED (ENTER N	IATURE OF INJU	IRY IN ITEM 18	PART 1 OR PART 2)					
1	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY OR TO	WN /	COUNTY	COUNTY STATE				
	220.1 certify that (I) (the bases sow the deceased alive an above, (I) (we) (did) (did no	9/2	2 19 8	9/	nd that in (my) (aux) opinion	n deoth occurr	red on the d	lote and ha		, that (1) <del>(we</del> ) lost e couses stated				
	22 SIGNATURE	1. 8	llm	med		MEDICAI DIRECTO	L STA	FF CIAN []	22c. DAT	Syl 81				
	22d PHYSICIAN'S NAME (TYPEO				22e ADDRESS					101/1 11/0				
	DONALD D	TLLON			18111 PR.	PHILII	DRIV	E, 0	LNEY, M	AKYLANU				

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician

DHMH - 16 60M 1/75 (VR A 15 (4))

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and completely fined should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the medical

IMPORTANT: If Item 21 is morked or Item 18 shows ony

230 BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE 9/26/81 23c NAME OF CEMETERY OR CREMATORY

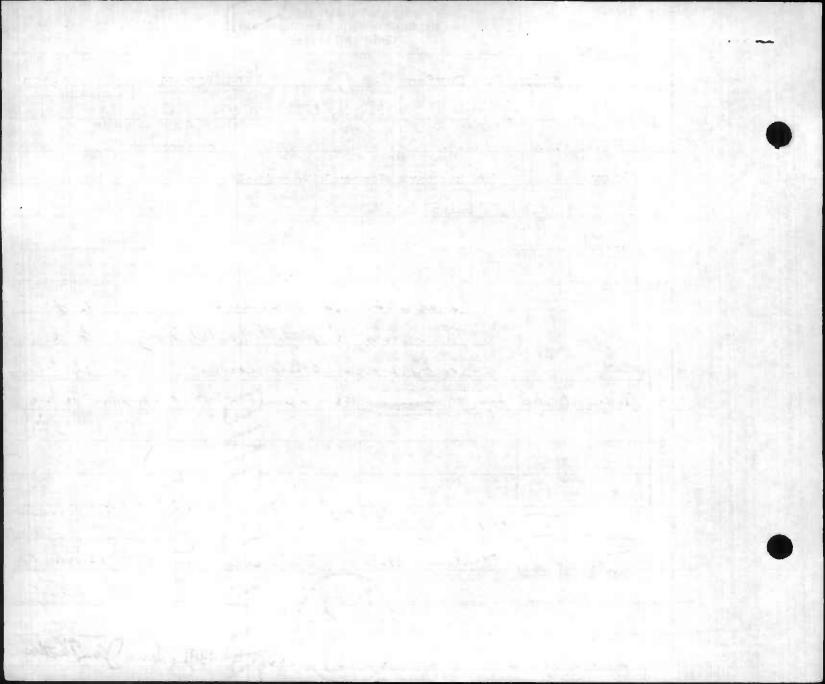
METROPOLITAN CREMATORY

VIRGINIA COUNTY

CREMATION
24 FUNERAL DIRECTOR F1 FRANCIS J. COLLINS 500 UNIV. BLVD., W., SILVER SPRING, MD. 20901 MATORY 23d LOCATION COMMATORY ALEXANDRIA

25d. DATE REC'D, BY REGISTRAR 25b. REGISTRA

SEP 28 1981 Plances



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be retained by the hospital or attending physician.

	STATE OF MARYLAND				
R	DEPARTMENT OF HEALTH AND MENTAL HYGIE				
ATE	CERTIFICATE OF BEATH				

FLECK LAUREL FUNERAL HOME; INC. 7601 Sandy Spring Rd. Laurel, Md. 20707

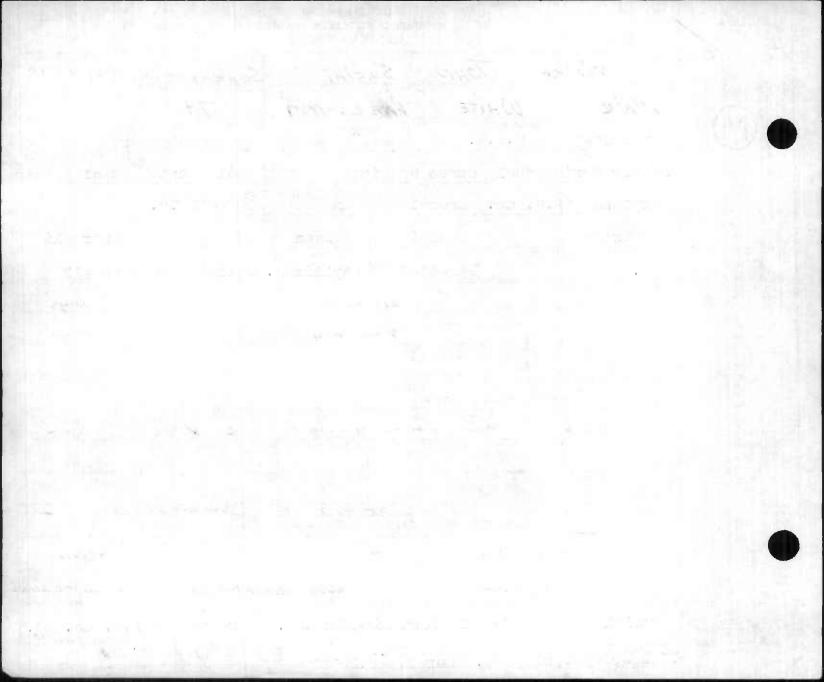
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C7 \ \		REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO.		
		CEASED NAME FIRST Walter	JOHN	Sugar Sugar	Sini	Sentenher	22, 198	26 HOUR 31 9:59
	3. SE.	X an I	4 RACE	5. DATE OF	BIRTH	6 AGE LIN YEARS LAST BIRTH	DAIT	
		Male	WHITE	HPRIL-	26-1907	74	YRS MONTHS I	DATS HOURS M
8/ h			76 CITIZEN OF WHAT COUNTRY?	8 MAPPIED	NEVER MARRIED	9 BALTIMORE CITY OR		гн
10		ew Jersey	U.S.A.	WIDOWED	DIVORCED [	Mont	gomery	
8		ilver Spring	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A HOLY Cross H	ADDRESS)		(Type of work for most of the Real Esta	WORKING LIFE) INDUS	nd of Business STRY al Esta
3	13a. S	al RESIDENCE (IF NURSING POUN STATE 13 OUN aryland 2.6	TY Co. Laurel  Laurel	N 113	Bd. INSIDE CITY LIMITS? YES X NO	308 4th S	St.	
130	14. FA	ATHER'S NAME Ambrose	Susini		Emma	WE	An	dreoli
licol		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECUI	RITY NO. 1	7 INFORMANT	ADDRES		
me		NO.	265-44-	0096	Phyllis M.	Susini	same as	#13
vent, the		PART I. DEATH WAS CAUSED	y one couse per line for to lot, one				AF BE Y	PROXIMATE INTERVAL WEEN ONSET AND DEA
ather traumatic		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE		umoviù			days
njury, a	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	DEATH BUT NO	OT RELATED TO THE TERM	inal disease or condi	ITION GIVEN IN PAI	RT 11a
huo smo	CERTIFICATION	190 DATE OF OPERATION 4/16/81	196 CONDITION FOR WHICH				206. IF YES, WERE FI IN CERTIFYING CAI YES	
Z 18 st		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA' (IF EITHER NOTIFY MEDICAL EXAMINER)		AY YEAR	PIC HOW INJURY OCCURE	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PAR	R1 2)
rked or	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	ARM ETC ]	If LOCATION STREET	CITY OR TOWN	N COUNT	TY STATE
is mo		226.1 certify that (i) (this hospit	splender 22 19 8	lare .	that in (my) (aux) opinion of	to September		, that (I) (iii) the causes stated
	1	77h SIGNATURE	ry Heel	M E	GREE  ATTENDING PHYSICIAN IN	MEDICAL STAFF		PATE SIGNED
II: If Item 2		/ our				DIRECTOR   PHYSICIA	AN 🗌	1/20181
PORTANT: If Item		224 PHYSICIAN'S NAME (TYPE OF		2	2e ADDRESS	DIRECTOR PHYSICIA		
IMPORTANT: If Item 2		224 PHYSICIAN'S NAME (TYPE OF	PRINT)  PICCHE  23b DATE  23c N	AME OF CEM	2e ADDRESS	DIRECTOR   PHYSICIA		

DHMH - 16 50M 1/81 (VRA 15, 4)

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Eugeto Edward Sweetey

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fatical veitaria constitues

12		FOR T - STATE REGISTRA	3		DEPARTMENT	TATE OF MARYLAND OF HEALTH AND MEN TIFICATE OF DEA	TAL HYGIENE	REG. NO.	2 4 4	2 6
		1 DECEASED NA	ME FIRST	MIDD	LE	LAST	2a. D.	ATE OF DEATH MONT	TH DAY YEAR	2b HOUR
, pe	F 2		Sol			Taishoff		Sept.	25 81	0830W
a H	( MAG)	3 SEX		4 RACE		TE OF BIRTH	6 AG	E (IN YEARS LAST BIRTHDAY	MONTHS DAYS	HOURS MIN.
90	( Ban)	Male		White		n 14. 189		83	YRS	MOOKS PARIS.
- A	30 307	70. BIRTHPLACE	STATE OR FOREIGN	76. CITIZEN OF WH.	AT COUNTRY? 8	RRIED X NEVER MARE	RIED 9 BA	LTIMORE CITY <u>OR</u> CO	OUNTY OF DEATH	
deoth.	1 57	Russ		USA	WID	DWED DIVOR	CED 🗌	Montg	omerv	MD.
i e	13 3	10 CITY OR TOW		LIE NOT IN SUCH EA	PITAL, NURSING HO	ME OR OTHER INSTITUT		ISUAL OCCUPATION OF WORK FOR MOST OF WOR	12b KIND	OF BUSINESS OR
201 75 of	300	Silv	er Sprin		Admiral			holstere		
AND 21:	filled in nould be	USUAL RESIDENCE 130 STATE Maryla	nd Mont	1TY 13c	CITY OR TOWN Sil. Spg	13d INSIDE CITY L YES X NO	IMITS? 13e S	reet address 708 Admir		
RYL.	2 st	14 FATHER'S NAM		MIDDLE	LAST	15 MOTHER'S MA		MIDDLE		
WA Y	ond poor	Jona			Taishoff	Sara	ah		(unk	nown)
SRE,	ges 1	160 WAS DECEAS	ED EVER IN U.S. AR	MED FORCES? 16b	SOCIAL SECURITY N			Silver's	pring, M	ld.
ALTIMOR te be exec	Pog.	NO OR UNK	(11 123, 311	57	79-22-1992	A Betty 7	Taishof	f; 9708	Admirált	y Drive
T., BALT	physicio an popers emovol.	18 CAUSE PART I.	OF DEATH (Enter on DEATH WAS CAUSE) IMMEDIAT	ly one cause per line D BY: E CAUSE (o)	loctal, (b), and ich	tre and	a all	erocaru		XIMATE INTERVAL LONSET AND DEATH
eston s	ottending ove corbo tion, or ri oumotic (		, if ony, which	DUE TO, OR A	MONSEQUENCE	Fulnes	way of	mat.	1100	15
of W. PR	eose remo od, cremo		to immediate ), stating the couse last.	DUE TO, OR AS	a consequence (	DE/				
ORDS, 20	en signe Then pl or to buri	PART 2. OT		ONDITIONS CONT	RIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL C	DISEASE OR CONDITIO	ON GIVEN IN PART 1	(0)
AL RECO	the permit premit preme prix hows on)	RTIFIC	F OPERATION	196 CONDÍTIO	n for which oper.	TION WAS PERFORME			. IF YES, WERE FIND! CERTIFYING CAUSE: YES []	
OF VIT	certificate riol-frons entol Hyg	OR CONTRIBL	IT WAS UNDERLYING THE STING CAUSE OF DEA	III	JURY MONTH DAY Y	AR 21c. HOW INJURY	OCCURRED (E	NTER NATURE OF INJURY IN IT	TEM 18 PART I OR PART 2)	all it
PHY STOP	this e bu	21d INJURY	OCCURRED	21e PLACE OF I	NJURY FACTORY OFFICE FARM ET	211 LOCATION		CITY OR TOWN	COUNTY	STATE

TO FUNERAL DIRECTOR: After is should be detoched for use os the with the Stote Dept. of Health on TO HOSPITAL OR ATTENDING retained by the hospital or att

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT: If Hem 21 is morke-

230 BURIAL, CREMATION, REMOVAL 236 DATE Burial 9-27-81

AT WORK AT WORK

220.1 certify that (1) (this haspital) attended the decased from 2419

sow the deceased alive on above, (1) (we) (did) (did not) view the

PHYSICIAN'S NAME (TYPE OR PRINT)

22b. SIGNATURE

232 NAME OF CEMETERY OR CREMATORY

22e ADDRESS

DEGREE

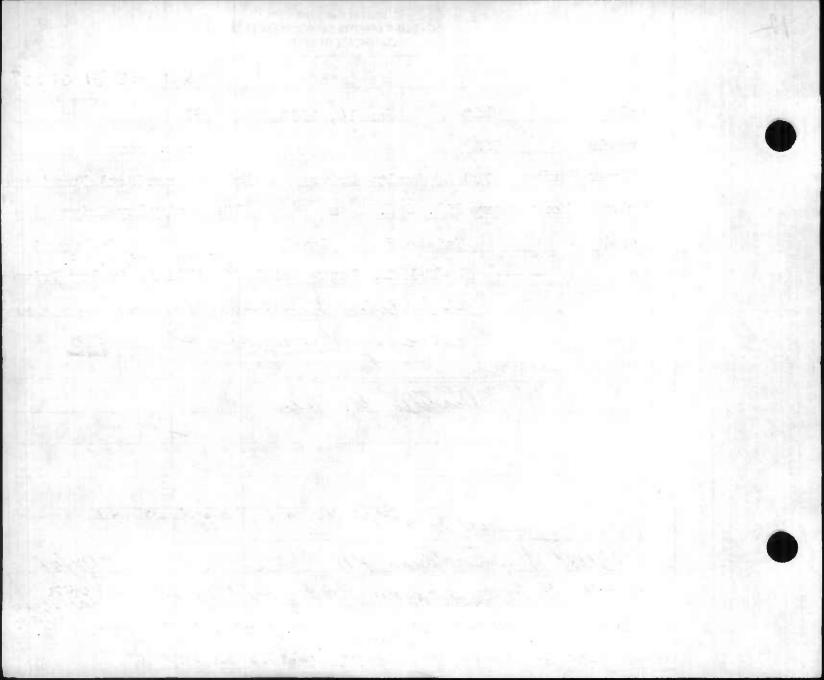
23d LOCATION CITY OF TOWN THE PROPERTY OF THE Garden

and that in (my) (our) apinion death accurred on the date and hour and from the causes stated

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DAJE SIGNED

King David Mem.
Rockville, Md. 250 24 FUNERAL DIRECTOR Danzansky-Goldberg Chapels; 1170 Rockville Pi

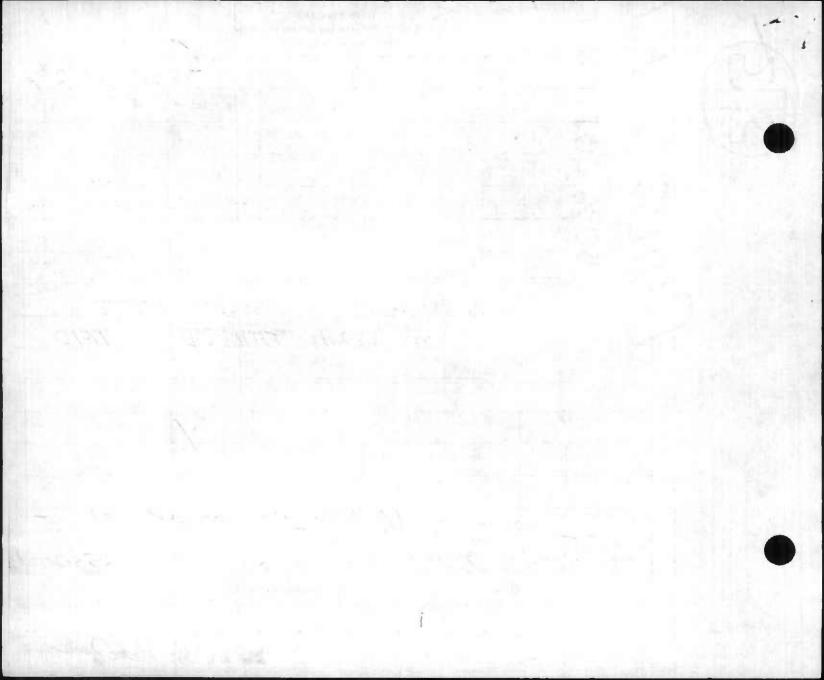


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DHMH - 16 50M 1/81 (VRA 15, 4)

	1 - STATE REGISTRAR			DEPART		EALTH AND MENTAL	HYGIENE	REG. NO.		L
	DECEASED NAME (TYPE OR PRINT)	Frank		MIDDLE		lor	2a DATE	OF DEATH MONTH	PT 81	2 HOUSE
) L	. sex MALE		A RACE CAUCASI		5. DATE C	DAY YEAR	4	IN YEARS LAST BIRTHDAY)  87 YRS		IF UNDER 24 HRS HOURS MIN.
5	DENNSYLVANI	A	U.S		WIDOWE		i MO	MORECITY <u>OR</u> COUN NTGOMERY CO	DUNTY	M
8	SILVER SPRI	NG	(IF NOT IN SUC	H FACILITY, GIVE STREET  LY CROSS  GIVE RESIDENCE BEFOR	HOSP	TAL	(TYPE OF Y	ALOCCUPATION VORK FOR MOST OF WORKING HINIST	LIFE) U.S.	AVY YAL
3	MARYLAND  FATHER'S NAME	13b. COUN		SILVER	/N			O East-West	t Highway	#151
C	MOISHE		NIDDLE	TAYLOR		15. MOTHER'S MAIDEN ESTHER		MIDDLE		IINSKY
/	WAS DECEASED EVE (YES, NO OR UNKNOWN) NO	(IF YES, GIVE	WAR OR DATES)	166. SOCIAL SECU		JERRY M. T			ll Korth Spring, M	
2	PART 2 OTHER SIGNAL PART 2 OTHER 2					NOT RELATED TO THE		UTOPSY? 206 IF Y	ES, WERE FINDIN	GS USED
100	OR COLUMNIA T	CAUSE OF DEAT	21b. TIME O HOUR A.	M. MONTH D.	AY YEAR	21c. HOW INJURY OC	YES CURRED (ENTER	NO NATURE OF INJURY IN ITEM II	YES	NO []
	(IF EITHER NOTIFY ME  21d. INJURY OCCU  WHILE NOTI- AT WORK AT W	WHILE [7]	21e PLACE ( (AT HOME STR	OF INJURY SEET, FACTORY OFFICE, F	FARM ETC 1	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	220.1 certify that sow the deceabove, (1) (we)	sed olive on_	11/10	PT 19	13 87. or	d that in (my) ( opi	nion death occu	25 SEPT irred on the date and he	our and from the c	hot (I) ( <del>see</del> los ouses stated
	22b. SIGNATURE	alli	26	for	Sm	DEGREE ATTENDIN PHYSICIA	NG MEDIC	AL STAFF DR PHYSICIAN	25 S	SIGNED
		ΓER E.	GOOZH					d., Wheato	n, MD.	
2	GOLDERAL DIRECTOR		SEPT.	27,81 K	ing D	avid Mem. G	iar. F	alls Churc		٧ä.
2	Danzansky-	Goldber	g Chape			ille, Md.25a. ille Pike	SEP 8	2 8 198	rance of	- Carlo

STATE OF MARYLAND



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within 24 hours after

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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	FOR STATE REGISTRAR	DEPART	CERTIFIC	LTH AND MENTAL HYG ATE OF DEATH	REG. NO.	ed!	4 0	
1	1. DECEASED NAME FIRST	WIDDIE	LAST		20. DATE OF DEATH MONTH	DAY YEAR	25 HOUR	
	Louis		Tek	ley	9-8-	81	1630 M	
	3. SEX	4 RACE	5 DATE OF B	IRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR		
	MALE	CAUCASIAN	Sept	. 5, 1889	92 YRS		HOURS MIN.	
-	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH		
ì	Massachusetts	U.S.A.	WIDOWED		MONTGOM	ERY	MD.	
	ROCKULLE	11. NAME OF HOSPITAL, NURS		OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Circulation Mg)	12) KIND C	of Business or	
	USUAL RESIDENCE (IF NURSING HOME OF 13a STATE 13b COU	OR OTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION)	I INICIDE CITY HAUTES		- TICHE	papero	
		tgomery Rockvil		LINSIDE CITY LIMITS?	13e STREET ADDRESS 111116 Whisp	erwood	Lane	
	14 FATHER'S NAME	MIDDLE LAST	15.	MOTHER'S MAIDEN NA	ME			
	Harris	Tekul		Minnie	WIDDLE	Gro	sse	
1	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL SEC	CURITY NO. 17	INFORMAN (Daugh	iter) ADDRESS RO	ckville	, MD.	
	(yes, no or unknown) (if yes, g	131-03-			Garfinkle/11116	5 Whisper	rwood La	
1	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	inly one couse per line for (o), (b), o	ind (c)	A 11		APPROX BETWEEN	ONSET AND DEATH	
ı		TE CAUSE (0) Gas to i	4+55+1	not Heme	ourpape	110	ay	
ı	3334	DUE TO, OR AS A CONSEQU	UENCE OF		O		1	
ı	Conditions, if any, which	( b) 3ept	0	CAS		mo	month	
ı	couse (a), stating the underlying couse last,	DUE TO, OR AS A CONSEQU	JENCE OF					
		(c)						
	PART 2. OTHER SIGNIFICANT Renal Fa	conditions contributing to	2000	clarate	heart disc	sase		
	Renal For	196 CONDITION FOR WHICH	H OPERATION V	AS PERFORMED		YES, WERE FINDII TIFYING CAUSES YES []		
		216 TIME OF INJURY	DAY YEAR	HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM	IS PART : OR PART 2)		
	(IF EITHER NOTIFY MEDICAL EXAMINE	Ath	19					
	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOT IFY MEDICAL EXAMINE 21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE		I. LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
	WHILE NOT WHILE AT WORK							
		ottended the deceosed from	0100	-ch 19 80	to Jept	. 19.8	that (I) ( lost	
1		ot) view the body after death.			death occurred on the date and h			
	22b. SIGNATURE Rati Co co	Jellog C	My DEC	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	SIGNED 31	
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT		e ADDRESS	142121	11 ^		
	PATRICIA	+ RELLOGG	TWO	809 Viers	Mill Rd, Kock	-nile, 1	Nd	
	230 BURIAL, CREMATION, REMOVAL			TERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY	STATE	
1	Burial	Sept. 11,81 Te	mple Bet	th Sholom	Cambridge		Mass.	

ADDRESS ROCkville, MD. 1170 Rockville Pike

SEP 141981

retained by the hospitol or

OR ATTENDING PHYSICIAN The low attending physicial

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the fi should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be find and

should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept, of Health and Mental Hygiene prior ta burial, cremation, or remaval.

IMPORTANT: If Item 21 is marked or Item 18 shows any

Memorial Chapels, Inc.

injury, or other troumatic event, the

page 3

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and cempletely filled in thy the fishald be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, ar removal.

IMPORTANT: If Item 21 is marked ar Item 18 shaws any injury, ar other traumatic event, the medical

ITO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

death. Page 4 may be

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CEPTIEIC ATE OF DEATH

2 2

	1 - FOR STATE REGISTRAR			FHEALTH AND MENTAL HYG IFICATE OF DEATH	REG. NO	2 4 4	4 7
ħ	I. DECEASED NAME FIRST	٨	AIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
I	(TYPE OR PRINT) Milt	on	W. Thomfor	dt	September	15 1981	3:05A M
ľ	3. SEX	4. RACE		E OF BIRTH	6 AGE (IN YEARS LAST BIRTH	HDAY] IF UNDER 1 YE.	
I	Male	Caucas		ruary 13 1894	87	YRS.	S HOURS MIN.
ľ	To. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8.		9. BALTIMORE CITY OF		
1	Washington, D.C.	United	States WIDO	WED DIVORCED	Montgome	ery Count	V . MD
	10. CITY OR TOWN OF DEATH	11. NAME OF H	IOSPITAL, NURSING HOMI		12a USUAL OCCUPATIO	I 12b. KINE	OF BUSINESS OR
1	Rockville	Shady	Grove Adve		Deposit Di		nking
1	USUAL RESIDENCE (IF NURSING HOME (130. STATE 13b. COL Maryland Mon		GIVE RESIDENCE BEFORE ADMISSIO 134. CITY OR TOWN Rockville	N) 13d INSIDE CITY LIMITS? YES X NO	13600 Bail	ey Drive	
I	14. FATHER'S NAME	MIDDLE Th.	omfordt	15. MOTHER'S MAIDEN NA	WE	6.1	LAST
1	Henry  160 WAS DECEASED EVER IN U.S. A		166 SOCIAL SECURITY NO	Emma 17. INFORMANT	ADDRES	Schne	der
ľ	(YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)					
ŀ	18. CAUSE OF DEATH (Enter of		578-10-1311	Elfriede Tho	mirorat (Same	e as 13e)	OXIMATE INTERVAL EN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	DUE TO, OF	R AS A CONSEQUENCE OF ACCUMENCE OF A THE LOSSINITRIBUTING TO DEATH BITTON FOR WHICH OPERAT	CKROTIC HE UT NOT RELATED TO THE TERM		ASE	
	THE DATE OF OPERATION	178. CONDI	TION FOR WHICH OPERAT	ION WAS PERFORMED	YES NO X	IN CERTIFYING CAUS	
	OR CONTRIBUTING CAUSE OF D	(ER) P./	M. MONTH DAY YEA M. 19	9	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I ORPART 2	2)
	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e, PLACE ( (AT HOME, STR	DF INJURY EET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N COUNTY	STATE
	27a I certify that (1) (this has saw the decepted alive a abave, (1) (we) (did) (did a 776-SIGNATURE	on # P/ not) view the body.	19/15/19/8/	ond that in (my) (aur) opinion  DEGREE  ATTENDING PHYSICIAN  22e. ADDRESS	, to Sked death occurred an the do	Šep	the causes stated  TESTINDET  1981
	Stephen M	. Hillm			lerick Ave	. Gaither	sburg, Md
	Burial	Septem	ber 17 Prosp	ect Hill	Washing	ton, D.C.	M des
	HOMES, P.A., R	RT A. P	HMPHREY EU	NERAL 250 DAT	EP 24 1981		ATUREICITI

DHMH-16 30M 2/80 (VRA 15, 4)

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OR ATTENDING PHYSICIAN: The low requires that the death certificate he manufactured within 24 has

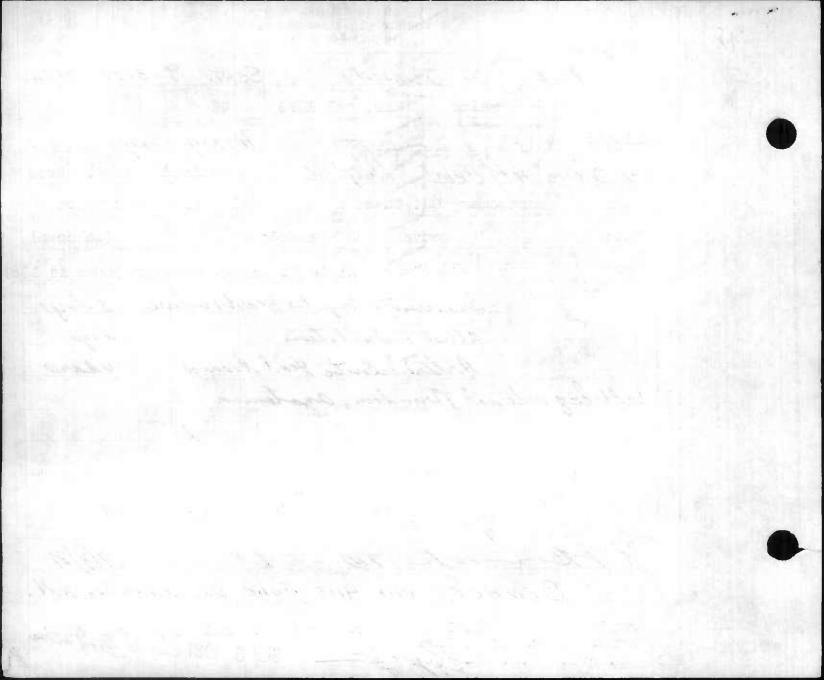
etained by the haspital or attending physicion.

TO HOSPITAL

I DE	STATE REGISTRAR CEASED NAME FIRST	WIDDLE	CERTIFICATE OF DEATH	REG. NO.	
	E OR PRINT		omsoN	20 DATE OF DEATH MONTH	3-81 315
3 SE	1.0.	14 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER
	Female	white	Mar. 21 1893	88 YRS	MONTHS DAYS HOURS
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED   NEVER MARRIED   WIDOWED XX DIVORCED	MONIGOMEN	ey County
2	ITY OR TOWN OF DEATH	HOLY STREET	HOSPITAL	12a USUAL OCCUPATION 11YPE OF WORK FOR MOST OF WORKING Retired	12b KIND OF BUSINE INDUSTRY Reg. Nur
130	STATE  aryland	OR CIHER INTUITION GIVE RESIDENCE SEFO UNITY 13( CITY OR TO Montgomery Ch	Chases K NO	8412 Donnybr	ook Drive,
14. F/	Anton	MIDDLE Bect	var Magde		(unknow
	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SEC GIVE WAR OR DATES) 578-58	6564	Malck-daughte:	r-(same as
100	Conditions, if any, which gave rise to immediate	(b) 2000ac	Fumeron		1000
z	couse (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS CONSPOL	inscluste Hear		YRAN IVEN IN PART 110
TIFICATION	underlying couse lost	(c) Heler TONDITIONS CONTRIBUTING TO arterial There	inscluste Hear	20a AUTOPSY? 20b. IF YI	ES, WERE FINDINGS USED IFYING CAUSES OF DEAT
CAL CERTIFICATION	PART 2 OTHER SIGNAFICAN' Left kay	(c) HYLLONG CONTRIBUTING TO ATLESTED THE CONDITION FOR WHICH	DEATH BUT NOT RELATED TO THE TER  HOPERATION WAS PERFORMED  216 HOW INJURY OCCU	20a AUTOPSY? 20b. IF YI	ES, WERE FINDINGS USED IFYING CAUSES OF DEATI (ES \( \) NO \( \)
MEDICAL CERTIFICATION	PART 2 OTHER SIGNAFICAN  Left Left 19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING  CAUSE OF D	(c) HYLLONG CONTRIBUTING TO ATLESTED THE CONDITION FOR WHICH	DAY YEAR  19  211. LOCATION	20a AUTOPSY? 20b. IF YI IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATI (ESNO   PART   OR PART 2)
	PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHETTER MODIFY MEDICAL EXAMINATION  21d. INJURY OCCURRED  WHILE NOTE WORK  AT WORK  AT WORK	(c) FILE (CONDITIONS CONTRIBUTING TO ATTENDED TO ATTEN	DEATH BUT NOT RELATED TO THE TER  DESCRIPTION WAS PERFORMED  21c HOW INJURY OCCU  21l LOCATION  STREET  DEGREE  ATTENDING	20a AUTOPSY? YES NOT IN CERT YES NOT IN TERM 18  CITY OR TOWN  10 13 14 15 16 16 16 16 16 16 16 16 16 16 16 16 16	ES, WERE FINDINGS USED IFYING CAUSES OF DEATI (ES
MEDICAL	PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DETERMINE CAUSE OF DETER	(c) JUNE OF INJURY  196 CONDITION FOR WHICH  197 CONDITION FOR WHICH  197 CONDITION FOR WHICH  198 CONDITION FOR WHICH  1	DEATH BUT NOT RELATED TO THE TER  DEATH	200 AUTOPSY?  200 IF YI IN CERT YES NOTE YES NOT	ES, WERE FINDINGS USED IFYING CAUSES OF DEAT (ES
WEDICAL WEDICAL	PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D. (IF EITHER NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK AT WORK  220. I certify that (I) (this has sow the deceased alive cobave, (I) (we) (did) (did)	CONDITIONS CONTRIBUTING TO  AND TO CONDITIONS CONTRIBUTING TO  AND THE CONDITION FOR WHICH  THE	DEGREE  ATTENDING  DEATH BUT NOT RELATED TO THE TER  PARTIES OF THE TER  21c. HOW INJURY OCCU  21l. LOCATION  STREET  ATTENDING  PHYSICIAN	200 AUTOPSY?  200 IF YI YES NOT INCERT YES NOT INCE	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH (ES NO PART 1 OR PART 2)  COUNTY ST  COUNTY ST  22c. Date (G. P. P.)

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and sengitivity filled in by the should be detoched for use as the buriol-transit permit. Then please remove corbanpapers reggs I and 2 should be filled with the State Dept. of Health and Martial Hysiene prior to buriol, cremation, ar removal.



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	TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	a er death		3 SEX	7
	age 4	T	V.	1	emale
	th. P	M	1	7a BI	RTHPLACE
	r dea		OL	1	llino
	afte	the f with	59	IO CI	TY OR TOW
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021	24 h	be f	m ler m	13e S	TATE
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NR YI	φ.	2 sh	× /	14. FA	THER'S NA
¥	cute	omp	\$21		Roj
ORE	exe	nd c	le m	Ida V	ES, NO OR UNI
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BAL	ifica	ysic	even		II CAUSE
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EST	hed	atte ove c	Jer t		Condition
2	hat t	rem rem	r ot		couse 10
5	res t	ease	۲۷, ٥		underlying
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	redni	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be not	z	PART 2 O
COR	wel	been t. Th	ne sa	ATRO	In DATE C
1 ME	: The	te has	ò 2	MEDICAL CERTIFICATION	
ATIV.	SIAN cian.	ifica nsit Hyg	E 0	CER	21a ACCIDE
9	YSIC	cert d-tra ntal	ter	4	OR CONTRIB
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ISI >	TO HOSPITAL OR ATTENDING PHYSICIAN retained by the hospital or attending physician.	After the l	mark	\$	AT WORK
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	D HO taine	OFC ould th th	POF		10.0
	Te	H S W	2	73a F	URIAL CRE

STATE OF MARYLAND

· - lo	1-	STATE REGISTRAR		DEPART		ICATE OF DEATH	REG. N	O	1 00	0	•			
ath ath		CEASED NAME OR PRINT)	EVEL	WIDDLE	Tr	nwbridge	20 DATE OF DEATH	9-27	7-8/	26. HOUR				
oge - mai	3 SE	emale	4	kace Caucasian	S DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	# UNDER 2	4 HRS.			
(1)51	I	RTHPLACE (STATE OR FOR DUNTRY)	L	CITIZEN OF WHAT COUNTRY United States	MARRIE		Montgomer	y Coun	ity		MD.			
by the fed with	R	ockville		1. NAME OF HOSPITAL, NURS INFNOT IN SUCH FACILITY, GIVE STREE POTOMAC Valley	Nursi		IZE USUAL OCCUPATE ITYPE OF WORK FOR MOST O Medical Jo	OF WORKING LIFE)	INDUSTRY	I.H.	SOR			
filled in utd be fill	130 S Ma	ryland	36 COUNT	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TO THE PROCESS OF THE PRO	WN	YES NO	13. STREET ADDRESS Potomac Va	llev Ro	ad					
completely 1 and 2 sho		THER'S NAME FIRST ROY		G. Trowbr	-	IS MOTHER'S MAIDEN NAME FIRST	Taylor		rtyr	),T				
Pages 1 and com		VAS DECEASED EVER IN ES, NO OR UNKNOWN) NO		LED FORCES?   16h SOCIAL SEC		L.G. Trowbri	dge	ESS						
g physics n papers. removal.		PART I. DEATH WA	S C AUSED	one couse per light for (a), (b), a BY:  CAUSE (a) CHRO		ORGANIE F	BRAIN 54	NDRO	BETMAKEN	MATE INTERV ONSET AND D	AL EATH			
attendin ove carbo nation, or ner traum		Conditions, if any, gove rise to imme		DUE TO, OR AS CONSEON	JENCE OF PRA	LizeD A	RIERIOS	CLERO	sis					
ed by the ease rem rial, crem iry, or otl		cause (a), stating underlying cause	lost	DUE TO, OR AS A CONSEOR										
Then plu injury in injur	NOIL	MINON	TION	TION	S	212	ure DIS	ORD	erc	200 AUTOPSY?	120b. IF YES, V			13
cate has an.	CERTIFICATION	19a DATE OF OPERATI		196. CONDITION FOR WHICE	H OPERATIO	21c HOW INJURY OCCUR	YES NOX	IN CERTIFY IN	G CAUSES		4?			
physicial physicial rial-trans	MEDICAL CI	OR CONTRIBUTING CA	USE OF DEATH	HOUR A.M. MONTH I	DAY YEAR	211 LOCATION	CED (ENIER MATURE OF INJU	RT IN HEM IS, PARI	TORPART2)					
attending as the builth and h	MED	214 INJURY OCCURRE		21R PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.)	STREET TY	CITY OR TO	F 27	COUNTY	STA	.TE			
Spital or Spital or SECTOR I for use it. of Head tem 21 is	B	saw the deceased above, (I) (we) (di	olive on	view the body after death.		nd that in (my) (our) opinion (	death occurred on the d	ate and hour a			e) lost ted			
yy the ho BRAL DIII detachec State Dep		224 PHYSICIAN'S NAV	2a	Daris	m	ATTENDING PHYSICIAN 1228 ADDRESS	MEDICAL STA	FF CIAN []	9/	21/2	81			
retained by the TTO FUNERA should be detained by the State with the State MPORTANT		R.C. 1-	AU	DARIO		5413 Cer	DAR LAI	ue T	Sen	iesd	A			
вР	{	urial, cremation, r		September 28 M	etropo	emetery or crematory	23d LOCATION CITY OR TOWN  TY Alexandr	ria Fair	fax V	irgin	ia_			
DHMH-16 25M (VRA 15, 4) 1/79	,			A.Pumphreyomsu Ave. Rockvile		'	T 9 1981	Trances		Nath	en			

and the state of t the state of the s 2.17-0-70° -- 17-0-40 E

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

STATE REGISTRAR REG NO DECEASED NAME 2n DATE OF DEATH 26 HOUR (TYPE OR PRINT) Richard Umstead 9-17-81 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR 3 SEX 5. DATE OF BIRTH MONTH 1926 Dec. Male White 70. BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Montgomery Durham. N.C. U.S.A. County WIDOWED DIVORCED IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h. KIND OF BUSINESS OR TTYPE OF WORK FOR MOST OF WORKING LIFE! INDIJISTRY NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Bethesda Ret.For.Ser.Off. Foreign Ser. Suburban Hospital USUAL RESIDENCE (IF NURSING ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Rockville 1945 Lewis Ave. Maryland Montgomery NOXIX 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Cayton FIRST Umstead Lucy Richard Baxter 4101 Spruell Drive 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT LYES NO OR UNKNOWN 578-30-8873 Kensington, Maryland W.W.II D. EARLENE UMSTEAD ves 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (a), stoting ronario arterios underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TO THE TERMINAL DISEASE OR CONDITION GIVEN IN CERTIFICATION 190. DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 71a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LORRART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21s PLACE OF INJURY 211. LOCATION CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) WHILE NOT WHILE 220.1 certify that (I) (this hospital) attended the deceased from sow the deceased alive on above, (I) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22b. SIGNATURE

ATTENDING PHYSICIAN V

MEDICAL STAFF DIRECTOR PHYSICIAN 22c. DATE SIGNED

WATERS, 230 BURIAL, CREMATION, REMOVAL

5530 WISCONSIN AVE Cedar Hill Crematory

DEGREE

Suitland

P.G.

cremation 24 FUNERAL DIRECTOR

Joseph Gawler's Sons

9/19/81

Wash. D.C. 20016

WISC. AVE. HW 250. DATE REC'D. BY REGISTRAR 256. PEGISTRAR'S SIGNATE

DHMH-16 30M 2/80 (VRA 15, 4)

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should be detached for use as the burial-transit permit. Then prease remove concerning with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal After this certificate has been

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0	A	4	25	3
2	4	Ship	3	13

								REG. NO.			
	CEASED NAME ORPRINT)	FIRST		MIDDLE	L/A	NST .	2a DATE	OF DEATH MON	NTH DA	Y YEAR	25 HOUR
1	ONT NIVI)	Edith		L.ouise	Upri	ght	Sep	tember	17,	1981	8:58
3 SE	X		4 RACE		5 DATE O	F BIRTH		YEARS LAST BIRTHDA	_	UNDER I YEAR	IF UNDER 24 HRS
	Female		Cauca	sian	Oct		`	60	YRS.	NIAS	NOURS MIN
a. BI	RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	Y? 8	NEVER MARRIED	9 BALTIM	ORE CITY OR C	OUNTY	F DEATH	
0	Vashingto	on.D.C.	U.S.	. A .	WIDOWEL			tgomer	y Co	unty	MD
	ITY OR TOWN OF			HOSPITAL, NURS		R OTHER INSTITUTION		L OCCUPATION		125 KIND O	F BUSINESS OR
	Olney					l Hospita	-	sewife	OKKING LIFE)	INDUSTRI	
JSU/ 13a S	AL RESIDENCE (IF	NURSING HOME OR		13c CITY OR TO	WN 1	13d INSIDE CITY LIM					
	aryland	Monte	gomery	Silver	Spring	YES XX NO		311 Pine	Orch	rard D	rive
4 FA	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDE	NAME	MIDDLE		LAS	T
	Claude	2 V	an Bure	n S	anford	Lola		E.	F	eltman	
6a V	VAS DECEASED E	VER IN U.S. AR	MED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT		ADDRESS			
1	Vo			579-10	-5707	Lillian	Feltman	Same	as i	13	Aunt
	18 CAUSE OF D	EATH Enter on	ly one cause pe	r line for (a), (b),	and ic					BETWEEN	IMATE INTERVAL
										-	
ATION	couse 10%, s underlying co	ause last. SIGNIFICANT C	(c)		O DE ATH BUT I	NOT RELATED TO THE			141	N IN PART 1(	
TIFICATION	couse 101, s underlying co	toting the ause last.  SIGNIFICANT C	(c)CONDITIONS C	ALLAING TO	D DE TH BUT I			SE OR CONDITI	Ob. IF YES, V	WERE FINDIN	
CERTIFICATION	PART 2 OTHER  190 DATE OF OP  8' 25	sunderlying	196 COND 196 COND 196 COND	Belging ONTRIBUTING TO DITION FOR WHICE BOWN OF INJURY	D DEATH BUT TO DEATH OPERATION	N WAS PERFORMED	20a AU YES	SE OR CONDITI	Ob. IF YES, VICERTIFYI	WERE FINDING CAUSES	NGS USED OF DEATH?
	PART 2 OTHER  19a DATE OF OP  8 /25	ERATION  SUMMERLYING CAUSE OF DEA	196 CONDITIONS CONDITI	Beging ONTRIBUTING TO	D DEATH BUT TO DEATH OPERATION	was performed fro chon	20a AU YES	SE OR CONDITI	Ob. IF YES, VICERTIFYI	WERE FINDING CAUSES	NGS USED OF DEATH?
EDICAL CERTIFICATION	PART 2 OTHER  19a DATE OF OP  8 25  21a. ACCIDENT WA OR CONTRIBUTING	ERATION  SUNDERLYING  CAUSE OF DEA  AEDICAL EXAMINER)	196 CONDITIONS C	ONTRIBUTING TO  ONTRIBUTING TO  ONTRIBUTING TO  OF INJURY  OF INJURY	DO DEATH BUT I	was performed An Aio 210 How Injury o	20a AU YES	TOPSY? NO [1] NATURE OF INJURY IN	Ob. IF YES, VICERTIFYI	WERE FIND IN NG CAUSES	NGS USED OF DEATH? NO
	PART 2 OTHER  190 DATE OF OP  8 25  210. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY OK 21d INJURY OK WHILE IN	ERATION  SUNDERLYING  CAUSE OF DEA  AEDICAL EXAMINER)	196 CONDITIONS C	PRINTING TO DITION FOR WHICE BOWN I DE INJURY M. MONTH	DO DEATH BUT I	Was performed An Hon 210. HOW INJURY O	20a AU YES	SE OR CONDITI	Ob. IF YES, VICERTIFYI	WERE FINDING CAUSES	NGS USED OF DEATH?
	PART 2 OTHER  19a DATE OF OP  8 25  21a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTHEY A 21d INJURY OCC WHILE AT WORK IN 1	ERATION  SUNDERLYING CAUSE OF DEACAL EXAMINER)  CTURRED  OT WHILE TOWNS TOWNS TO THE COURT OF TH	196 COND  196 COND  Soul  216. TIME C HOUR A P 216 PLACE (AT HOME, ST	ONTRIBUTING TO  ONTRIBUTING TO  ONTRIBUTING TO  OF INJURY  OF INJURY	DAY YEAR  19 E, FARM. ETC.)	was performed An Aio 210 How Injury o	20a AU YES	TOPSY? NO [1] NATURE OF INJURY IN	Ob. IF YES, VICERTIFYI	WERE FIND IN NG CAUSES T I OR PART 2)	NGS USED OF DEATH? NO  STATE
-	PART 2 OTHER  19a DATE OF OP  21a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY A TWORK   22a   Certify the saw the dec	ERATION  SUNDERLYING  CAUSE OF DEA  CAUSE OF DEA  CAUSE OF DEA  COURTED  TO WHILE  IT (1) (this hospire  recorded alive on	196 CONDITIONS CONDITI	ONTRIBUTING TO  ONTRIBUTING TO  ONTRIBUTING TO  ONTRIBUTING TO  ONTRIBUTING  OF INJURY  REET, FACTORY, OFFICE  OF deceased from  19	DAY YEAR  19 E, FARM. ETC.)	was performed An Aio 210 How Injury o	200 AU YES  CCURRED (ENTER)	TOPSY?  NOTO  NATURE OF INJURY IN  CITY OR TOWN	Ob. IF YES, N CERTIFYI YES	WERE FIND IN NG CAUSES  T I OR PART 2)  COUNTY	NGS USED OF DEATH? NO  STATE  that (I) (we) last
	PART 2 OTHER  19a DATE OF OP  21a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY A TWORK   22a   Certify the saw the dec	ERATION  SUNDERLYING ————————————————————————————————————	19b COND  19b COND  21b. TIME C HOUR A P 21e PLACE (AT HOME, ST	ONTRIBUTING TO  DITION FOR WHICE  DE INJURY  M. MONTH  M. OF INJURY  REET, FACTORY, OFFICE  The deceased from  19	DAY YEAR  E, FARM, ETC.)	21t. HOW INJURY O  21t. LOCATION STREET  21 d that in (my) (our) on DEGREE ATTENDI	ZOO AU YES  CCURRED (ENTER!	TOPSY?  NOTO NATURE OF INJURY IN  CITY OR TOWN  red on the date  STAFF	Db. IF YES, N CERTIFYI YES HITEM 18, PAR	WERE FIND IN NG CAUSES  T I OR PART 2)  COUNTY	NGS USED OF DEATH? NO STATE  that (I) (we) last couses stoted
	PART 2 OTHER  19a DATE OF OP  21a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTHEYA 21d INJURY OCC WHILE Nother Services of the december of the	ERATION  SUNDERLYING  CAUSE OF DEA  CERTATION  CAUSE OF DEA  CERTATION  CURRED  OF WHITE  OF WHITE  COURTED  OF WHITE  OF WHI	21b. TIME C HOUR A P 21e PLACE (AT HOME, ST tall) oftended th	ONTRIBUTING TO  DITION FOR WHICE  DE INJURY  M. MONTH  M. OF INJURY  REET, FACTORY, OFFICE  The deceased from  19	DAY YEAR  E, FARM, ETC.)	21t. HOW INJURY O  21t. LOCATION STREET  21 d that in (my) (our) on DEGREE ATTENDI	Z00 AU YES  CCURRED (ENTER)  Dinion death occur NG MEDICA	TOPSY?  NOTO  NATURE OF INJURY IN  CITY OR TOWN  red on the date:  L  STAFF  R  PHYSICIAN	Db. IF YES, N CERTIFYI YES ITEM 18, PAR 19	COUNTY   NGS USED OF DEATH? NO  STATE  that (II) (we) last couses stated SIGNEDY	

DHMH - 16 60M 1/75 (VR A 15 (4))

TO FUNERAL DIRECTOR. retained by the hospital TO HOSPITAL

OR ATTENDING PHYSICIAN: The

23c. NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery 250. DATE REC'D.

23d. LOCATION CITY OF TOWN

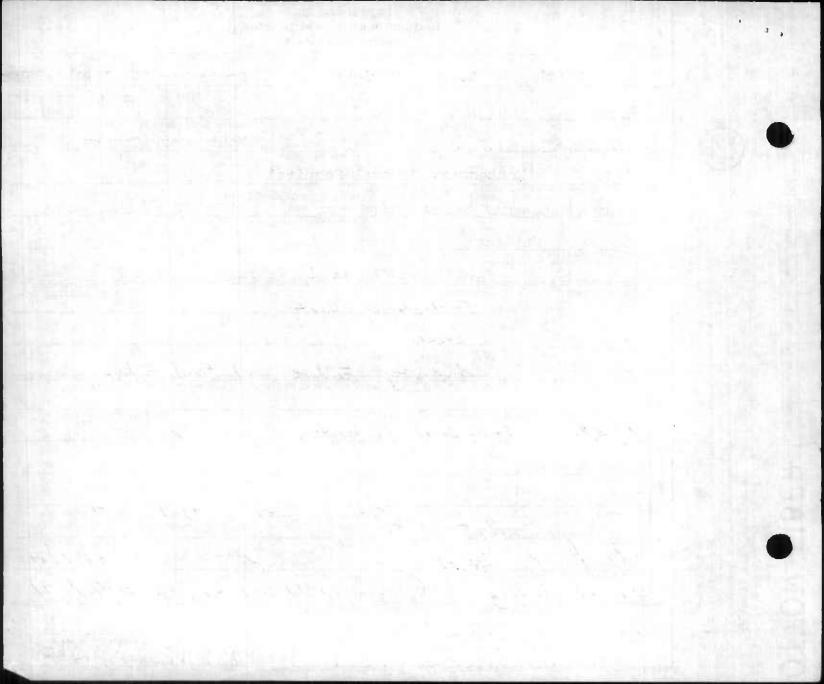
Pri Geo Md.

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

BURIAL
24 FUNERAL DIRECTOR FRANC 9/19/81 Francis J. Collinsess 500 Univ. Blvd. W. Silver Spring. Md.

Brentwood Pri Ger
By REGISTRAR 256 REGISTRAR SIGNATURE

BY REGISTRAR S SEP 22 1981



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	. DE	REGISTRAR CEASED NAME FIRST		MIDDLE	LAS	ATE OF DEATH	REG. NO.	DAY YEAR	2b HC
		Catheri	ine	A. I	Jpton		September 26,		12:
3	SE)		4 RACE	A.	5. DATE OF	BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UND
-8		Female	Whit	ce	June	25, 1908 AR	73 YRS	MONTHS DAYS	HOURS
53		RTHPLACE (STATE OR FOREIGN COUNTRY)		F WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH	
44	0.01	IOWA TY OR TOWN OF DEATH		NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION		Montgomery	12b KIND C	FOLICH	
90		Rockville	(IF NOT IN S	(Frotin such facility, Give street appress)  Collingswood Nursing Home			(TYPE OF WORK FOR MOST OF WORKING Ret.—Stat. Clea	k Dept.	of A
47	USU/ 13a. S	AL RESIDENCE (# NURS	OF OTHER INSTITUTE	R INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. CITY OR TOWN Washington, DC YES A NO		13e SIREET ADDRESS 4607 Connecticut Avenue			
	4 FA	THER'S NAME	MIDDLE	LAST	1	MOTHER'S MAIDEN NA	MIDDLE	110	
2/		James		Upton		Rose	WIDDLE	Steffe	h
		AS DECEASED EVER IN U.S. (ES. NO OR UNKNOWN) (IF YES.	ARMED FORCES			INFORMANT	ADDRESS		
		No		577-60-3	433	Leona Sport	sman, 4607 Conn.		
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly one cause p	per line far (a), (b), and	d (c).)			BETWEEN O	MATE IN
			IATE CAUSE (o)_	ca	M	er au	esi	m	in
		4140	DUE TO,	OR AS A CONSEQUE	NCE OF -		1 11 -	1.	
		Conditions, if any, which gave rise to immediate	(b).	car	de	u all	my//mea	mo	w
		couse (a), stating the underlying cause last	DUE TO,	OR AS A CONSEQUE	NCE OF	to.	0-10-	- 1	2 1
			(c)_	Coro	no	avery	o secusion		U
	Z	PART 2. OTHER SIGNIFICAN	CONDITIONS	CONTRIBUTING TO	EATH BUT N	OT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	IVEN IN PART 1	31
	TION.		- Comment	A COL	~~~	, see	0		
	ATIC	19a DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATION :	WAS PERFORMED	20g ALITOPSY? 20h IF Y	ES WERE FINDIN	IGS HS
2	IFICATIO	19a DATE OF OPERATION	196 CON	IDITION FOR WHICH	OPERATION	WAS PERFORMED	INCERT	ES, WERE FINDIN	OF DE
2	CERTIFICATIO	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	21b. TIME	OF INJURY			YES NO PINCERT	IFYING CAUSES YES []	OF DEA
	AL CERTIFICATION	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING	21b. TIME	OF INJURY A.M. MONTH DA	AY YEAR		INCERT	IFYING CAUSES YES []	OF DE
		27a. ACCIDENT WAS UNDERLYING	21b. TIME HOUR NER)	OF INJURY A.M. MONTH DA P.M. E OF INJURY	YEAR	It how injury occur	YES NO PICERI	TEYING CAUSES (ES [] PART I OR PART 2)	OF DE
	MEDICAL CERTIFICATION	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMINATION OF COURRED WHILE NOTIFY OF THE NOTIF	21b. TIME HOUR NER)	OF INJURY A.M. MONTH DA P.M.	YEAR	16 HOW INJURY OCCUR	YES NO PINCERT	IFYING CAUSES YES []	OF DE
		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMINATION OF COURRED WHILE NOTIFY OF THE NOTIF	21b. TIME HOUR NER) 21e. PLAC (AT HOME.	OF INJURY A.M. MONTH DA P.M. IE OF INJURY STREET, FACTORY, OFFICE, F.	YEAR	It how injury occur	YES NO PICERI	PART LORPART 2)	NO NO
		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF IT (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE NOTIFY OCCURRED AT WORK 22a.1 certify that (I) (this has	21b. TIME HOUR NER) 21e. PLAC (ATHOME.	OF INJURY A.M. MONTH DA P.M. IE OF INJURY STREET, FACTORY, OFFICE, FACTORY	AY YEAR 19 ARM, ETC.)	16 HOW INJURY OCCUR  16 LOCATION STREET  , 19 29	YES NO PICERI	COUNTY	NO NO
		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMILE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21b. TIME HOUR NER) 21e. PLAC (ATHOME.	OF INJURY A.M. MONTH DA P.M. IE OF INJURY STREET, FACTORY, OFFICE, FACTORY	Y YEAR 19 2 ARM, ETC)	16 HOW INJURY OCCUR  16 LOCATION STREET  , 19 29	YES NO PHOTOERT	COUNTY	OF DE/ NO that (I)
7		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ( If EITHER NOTEY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK  22a. I certify that (1) (the head saw the deceased alive above (1) (we) (died) (did	21b. TIME HOUR NER) 21e. PLAC (ATHOME.	OF INJURY A.M. MONTH DA P.M. IE OF INJURY STREET, FACTORY, OFFICE, FACTORY	Y YEAR 19 2 ARM, ETC)	It HOW INJURY OCCUR  If LOCATION STREET  , 19  that in (my) (mer.) opinion  GREE  ATTENDING	YES NO PROPERTY IN THE A TE CITY OF TOWN  CITY OF TOWN  death accurred an the date and his	COUNTY  COUNTY  COUNTY	OF DE/ NO that (I)
7		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ( (IF EITHER NOTHY MEDICAL EXAMINATION OF COLORED WHITE NOTHY MOORE AT WORK 22a. I certify that (I) (this has sown the deceased alive above (I) (we) (did) (did 3.5.5.5.5.4.1 URE	21b. TIME HOUR NER) 21e. PLAC (ATHOME.	OF INJURY A.M. MONTH DA P.M. IE OF INJURY STREET, FACTORY, OFFICE, FACTORY	AY YEAR 19 ARM.ETC) 2 , ond DE	It HOW INJURY OCCUR  If LOCATION STREET  , 19  that in (my) (mer.) opinion  GREE  ATTENDING	YES NO PROPERTY NATURE OF INJURY IN ITEM IS  CITY OR TOWN  death accurred on the date and his	COUNTY  COUNTY  COUNTY	OF DE NO that (I)
7		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ( If EITHER NOTHE MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK  22a. I certify that (I) (the horse of the deceased alive above (I) (wee) (died) (did 23. STOCK AT URE	21b. TIME HOUR NER)  21e. PLAC (AT HOME. On not) view the box	OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, F. the deceosed from 20 - 8 19 dy after death	AY YEAR 19 ARM.ETC) 2 , ond DE	The HOW INJURY OCCUR  If LOCATION STREET  hat in (my) (www) opinion  GREE  ATTENDING PHYSICIAN (2)  20 ADDRESS	YES NO P  NO P  NED (ENTER NATURE OF INJURY IN ITEM IS  CITY OR TOWN  death accurred an the date and hi  MEDICAL STAFF DIRECTOR PHYSICIAN	COUNTY  COUNTY  22c DATE	of DE NO that (1) couses SIGNE
7	MEDICAL MEDICAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ( (IF EITHER NOTHY MEDICAL EXAMINATION OF COLORED  WHITE NOTHY MEDICAL EXAMINATION OF COLORED  WHITE NOTH	21b. TIME HOUR NER) 21e. PLAC (AT HOME.  21e. PLAC	OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, F. the deceosed from dy ofter debth	AY YEAR 19 ARM. ETC)  DE	The HOW INJURY OCCUR  If LOCATION STREET  hat in (my) (www) opinion  GREE  ATTENDING PHYSICIAN (2)  20 ADDRESS	YES NO P  NEED (ENTER NATURE OF INJURY IN 11EM 18  CITY OR TOWN  ACCUSTED AT THE MEAN AND THE ME	COUNTY  COUNTY  22c DATE	of DE, NO  that (I) couses s SIGNEI
7	MEDICAL MEDICAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ( (IF EITHER NOTIFY MEDICAL EXAMIT 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMIT AT WORK  22a. I certify that (I) (the beautions) (I) (we) (did) (did 22b. SKATAN THE CAUSE OF CONTRIBUTION OF CONTR	21b. TIME HOUR HOUR 21e. PLAC (AT HOME.  PRINT)  THILE 21b. DATE	OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, F. the deceosed from Dy offer debth  23c. N	AY YEAR 19 ARM. ETC)  DE ARM OF CEM	The HOW INJURY OCCUR  II LOCATION STREET  That in (my) (mr) opinion  GREE  ATTENDING PHYSICIAN PHYSICIAN ADDRESS  4701 Massac  ETERY OR CREMATORY	YES NO PORTOWN  NED (ENTER NATURE OF INJURY IN ITEM IS  CITY OR TOWN  AMEDICAL STAFF DIRECTOR PHYSICIAN DIRECTOR NEW NW  23d. LOCATION CITY OR TOWN	COUNTY	of DE. NO
7	WEDICAL WEDICAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ( (IF EITHER NOTHY MEDICAL EXAMINATION OF COLORED  WHITE NOTHY MEDICAL EXAMINATION OF COLORED  WHITE NOTH	21b. TIME HOUR HOUR 21e. PLAC (AT HOME.  21e. PRINT)  THILEY AL 23b. DATE 9/29	OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, F. the deceosed from 20 & 19 dy after death  17 23c. N Na	AY YEAR 19 ARM.ETC)  DE  ARME OF CEM tional	The HOW INJURY OCCUR  If LOCATION STREET  That in (my) (mm) opinion  GREE  ATTENDING PHYSICIAN E PHYSICIAN E  4701 Massac  ETERY OR CREMATORY  Memorial Pa  250. DAT	YES NO PORTOWN  NED (ENTER NATURE OF INJURY IN ITEM IS  CITY OR TOWN  AMEDICAL STAFF DIRECTOR PHYSICIAN DIRECTOR NEW NW  23d. LOCATION CITY OR TOWN	COUNTY  COUNTY  22c DATE  22c DATE  22c DATE  COUNTY   of DE NO	

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# STATE OF MARYLAND

DEPART

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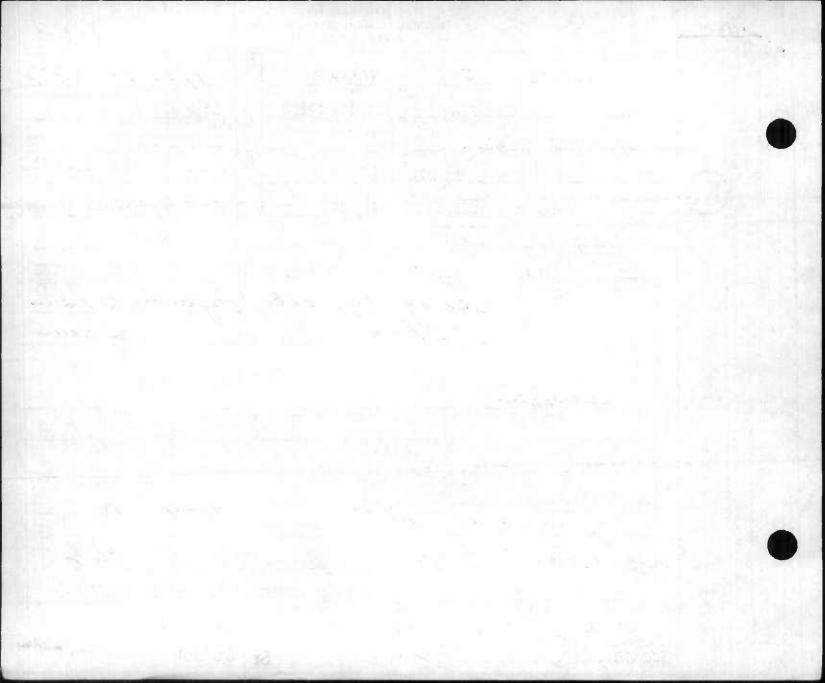
	REGISTRAR				CERTIF	ICATE OF DEA	AIM	RE	G. NO.		
	CEASED NAME	FIRST		MIDDLE	Ĺ	A51		2a. DATE OF DEA	нтиом НТ	DAY YEAR	26 HOUR
1	ON PRINTI	EDWARD	).	JOHN	V	ARRATO		9	126/	87	370
3 SE	X	- 4	RACE		5. DATE C		YEAR	AGE IN YEARS L	AST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	MALE		CAUCA	SIAN	NOU			60	YRS	MOINTHS DATS	HOURS MIN.
	IRTHPLACE (ST.	ATE OR FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY	? 8 MARRIEI	X NEVER MAI	PRIED T	BALTIMORE C		Y OF DEATH	
		LVANIA	us.	A.	WIDOWE	D DNO	RCED 🗌	MON	ITGOMERY		MD
3	STIVER S		(IF NOT IN SUC	HOSPITAL, NURSI CHEACILITY, GIVE STREE CROSS HOS	T ADDRESS)	R OTHER INSTITU		170 USUAL OCCU	MOST OF WORKING LI		OF BUSINESS OR
MAF	STATE SYLAND	IF NURSING HOME OR C 136 COUNT NONTGO	THER INSTITUTION		RE ADMISSION)	136 INSIDE CITY YES <b>XX</b> N	LIMITS?	13e STREET ADDR 10710	GREGORY	STREET	
14 F/	ATHER'S NAME FIRST AME	DEO	IDDLE VAR	RATO		EVA FIRS		MID	MOLIN	ERO LA	ST
	WAS DECEASED YES, NO OR UNKNOV	EVER IN U.S. ARM	ED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT		Α	DDRESS		
	YES	ww	II	157-01	-1765	WILMA	L. VA	RRATO	SAME A	S 13	WIFE
CERTIFICATION		immediate stating the couse lost.	nditions <u>co</u>	R AS A CONSEQUENTRIBUTING TO	JENCE OF			NAL DISEASE OR  200 AUTOPSYS  YES NO	20b IF YE	VEN IN PART II.  S, WERE FINDI	NGS USED
		AS UNDERLYING CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH D	AY YEAR	216 HOW INJUS	RY OCCURRE	D (ENTER NATURE C	DE INJURY IN ITEM 18	PART : OR PART 2)	
MEDICAL	21d INJURY O		21e PLACE			211. LOCATION STREET		CITY	ORTOWN	COUNTY	STATE
	sow the do	not (1) (this hospito eceosed alive on eHdid) (did not	9/2	10	A . on	من (d that in (my)	19	_, to	the date and how	19, ur and from the	that (I) (we) lost couses stated
	27E SIGNATUR	char	16	ron	,		NDING	MEDICAL DIRECTOR   PI	STAFF HYSICIAN []	22c. DATE	SIGNED
1,0	220 HYSICIAN	S NAME (TYPE OR	PRINT			22e ADDRESS	1.5				
	RICH	HARD CIOF	FI			10620	GEORGI	A AVE.,	SILVER	SPRING,	MD.
23a E	BURIAL, CREMAT	ION, REMOVAL	236 DATE	23 (	NAME OF CI	METERY OR CRE		23d LOCATION	1	COUNTY	STATE
	BURTA		9/29		GATE O	F HEAVEN		SILVER		MONT	
	OO UNTV.	FRANCI BLVD., W.	S J. C	ADDRESS.	MD 2	0901	25a. DATE		18 . Crass	1 1/4	Marthen
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TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and camplete should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 with the State Dept of Health and Mental Hygiene prior to burial, cremotian, or removal.

injury, or other traumotic event, th

IMPORTANT: If them 21 is marked or them 18 shows



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely Illied in by should be detached for use as the burial-transit permit. Then please remove carbonopaers. Pages 1 and 2 should be than

should be detoched for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony

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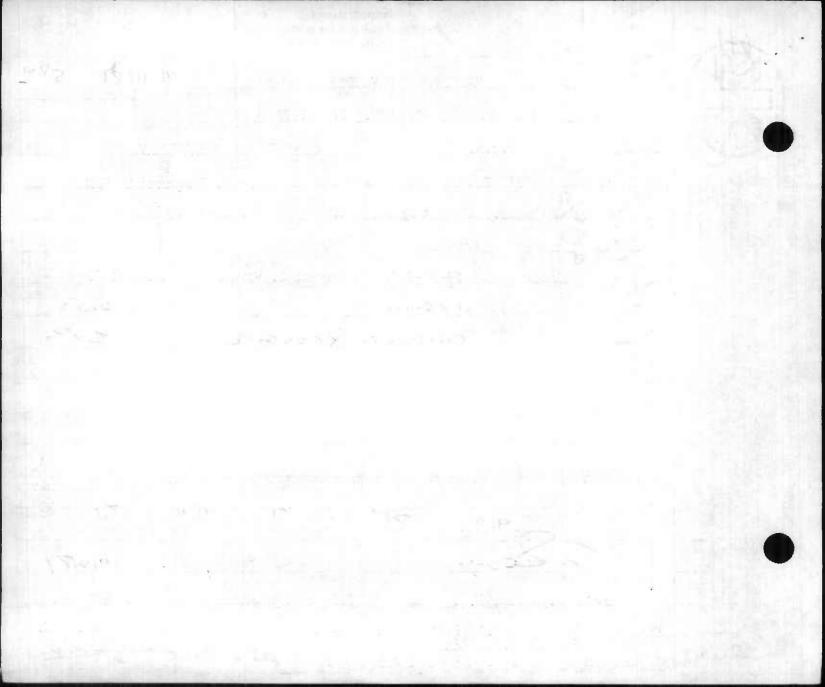
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
BERN	ARD MARTIN	VAVRECK	9(1	1181 54.01
3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
MALE	CAUCASIAN	NOV. 11 1931	49 YRS	
70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
MINNESOTA	U.S.A.	WIDOWED DIVORCED	MONTGOMERY	/ MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI	RSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING	12b KIND OF BUSINESS OR
STIVER SPRING	315 PENWOOD R		Supv. Programm	
USUAL RESIDENCE (IF NURSING HOM 130. STATE 136 CC	E OR OTHER INSTITUTION GIVE RESIDENCE BE	EFORE ADMISSION)		
		Spring YES NO [	315 Penwood R	oad
14. FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN	NAME	LAST
Andrew	Vavreck		MIDDLE	[ASI
160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b. SOCIAL S	ECURITY NO. 17 INFORMANT	Wife ADDRESS	
Yes Kon		-9000 Georgene L		e as 13
18 CAUSE OF DEATH (Enter	r only one couse per line for (a), (b)	, ond (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CAU	DIATE CAUSE (O) URE	caret		2 wing
1800	DUE TO, OR AS A CONSE	OUENCE OF		
Conditions, if ony, which		Conounty PROS	RIE	,2×,5
gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSE	OUENCE OF		
underlying couse lost	(c)			
PART 2 OTHER SIGNIFICAN	NT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE T	erminal disease or condition (	GIVEN IN PART 11a
198 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING				
NO 190 DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
TIF			YES NO	YES NO
		DAY YEAR 216 HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 2)
OR CONTRIBUTING CAUSE OF	DEATH	19		
OR CONTRIBUTING CAUSE OF CHIEFER NOTIFY MEDICAL EXAM	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE AT WORK	(AF NOME STREET, PACTORY, OFF	ICE, PARM, ETC.)		
220.1 certify that (1) (this ha	ospital) attended the deceased fro	pm	( , to 9 11	. 19 6 / , that (I) (we) lost
sow the deceosed olive	not New the body ofter death	9, ond that in (my) (our) opin	ion death occurred on the date and h	our and from the causes stated
226 SIGNATURE	$\vee$	DEGREE		22c. DATE SIGNED
7	C) colo	ATTENDING PHYSICIAN		9/12/8/
22d PHYSICIAN'S NAME (TY	PE OR PRINT)	22e ADDRESS	<u></u>	
FDGAR H.	LEVIN. M.D.	8630 FENTO	N STREET SILVER	SPRING. MD.
230 BURIAL, CREMATION, REMOV		131 NAME OF CEMETERY OR CREMATO	RY 23d LOCATION	
Burial.	Sont 14 1981	Gate of Heaven	Silver Spring	Mont. Md.
24 FUNERAL DIRECTOR France	cis J. Collins	250.		ISTRAR'S SIGNATURE
500 University 1	Blud., W. Silver	Spring Md.	DEL TO MOI	a familiar com
TO GIFT CONTROL I	occupies societies	oprocing mus		

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician



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		FOR STATE REGISTRAR		DEPARTMENT OF F	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO		6 0
		CEASED NAME COPPINT	HIA -	WA	GMAN	20 DATÉ OF DÉATH	9 29	81/ 25 HOU
	3 SE)		4 RACE	5 DATE		6. AGE JIN YEARS LAST BIRT		ER I YEAR IF UNDER
	15	Female	Caucasian	June	14, 1892 FAR	89	YRS	DAYS HOURS
9	CC	RTHPLACE (STATE OR FOREIGN DUNTRY)  W York	76 CITIZEN OF WHAT CO	DUNTRY?	D NEVER MARRIED	BALTIMORE CITY O     Montgome	R COUNTY OF DE	EATH
0	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL	L, NURSING HOME (	OR OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Housewif	ON 12b. F WORKING LIFE) IND	KIND OF BUSINE
17	USU/	EVY Chase AL RESIDENCE (IF MURSING HOME STATE	UNTY 13. CITY	ence serore admission) OR TOWN hington, DC	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	Street, No	
91	14 FA	THER'S NAME FIRST Unknown	Schneid	LAST er	15. MOTHER'S MAIDEN NA/ FIRST Hermina	ME		Katz
3		VAS DECEASED EVER IN U.S., (E. YES, OO OR UNKNOWN) (IF YES, C	ONE WAR OR DATES)	-52-6088	informant Evelyn L. Wag	ADDRE man(Daughte		St.,NE,Wa
		Conditions, if any, which gove rise to immediate couse (a), stating the	SED BY. CITE	ONSEQUENCE OF	hut demin		ure	APROXIMATE INTER
	ICATION	Conditions, if any, which gave rise ta immediate cause (a), stating the underlying couse lost.	DUE TO, OR AS A CO	ONSEQUENCE OF CONSEQUENCE OF		ten + dep	DITION GIVEN IN	
	ERTIFICATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN  11e DATE OF OPERATION	DUE TO, OR AS A CO	ONSEQUENCE OF CONSEQUENCE OF TING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONT  200 AUTOPSY?  YES NO	DITION GIVEN IN  20b. IF YES, WERI	PART 1(0)  E FINDINGS USED CAUSES OF DEAT
1 9	ICAL CERTIFICATION	PART I. DEATH WAS CAU IMMED Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN  119 DATE OF OPERATION  218, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF INFEITHER, NOTIFY MEDICAL EXAMIN	DUE TO, OR AS A CO  TOONDITIONS CONTRIBUTE  21b. TIME OF INJURY HOUR A.M. MO  P.M.	ONSEQUENCE OF  ONSEQUENCE OF  TING TO DEATH BUT  OR WHICH OPERATION  ONTH DAY YEAR  19	T NOT RELATED TO THE TERM ON WAS PERFORMED  21c. HOW INJURY OCCURR	INAL DISEASE OR CONT  200 AUTOPSY?  YES NO	DITION GIVEN IN  20b. IF YES, WERI	PART 1(0)  E FINDINGS USED CAUSES OF DEAT
	MEDICAL CERTIFICATION	PART I. DEATH WAS CAU  IMMED:  Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN  19e DATE OF OPERATION  21e, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DUE TO, OR AS A CO  (b)  DUE TO, OR AS A CO  (c)  T CONDITIONS CONTRIBUTION FO  21b. TIME OF INJURY HOUR A.M. MO	ONSEQUENCE OF CONSEQUENCE OF TING TO DEATH BUT OF WHICH OPERATION ON THE DAY YEAR 19	T NOT RELATED TO THE TERM ON WAS PERFORMED  21c. HOW INJURY OCCURE	INAL DISEASE OR CONT  200 AUTOPSY?  YES NO	DITION GIVEN IN I	PART 1(0)  E FINDINGS USED CAUSES OF DEAT
19		PART I. DEATH WAS CAU  IMMED  Conditions, if any, which gave rise ta immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN  119 DATE OF OPERATION  218, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFEITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK 22e. I certify that (I) (this had sow the deceased alive above, (I) (we) I dat I did 22b. SIGNATURE	DUE TO, OR AS A CO  (b)  DUE TO, OR AS A CO  (c)  T CONDITIONS CONTRIBUTE  196 CONDITION FO  196 CONDITION FO  P.M.  216 PLACE OF INJUR  1AT HOME, STREET, FACTO  Spiritol) obsended the decession	ONSEQUENCE OF  ONSEQUENCE OF  TING TO DEATH BUT  ON WHICH OPERATION  ON THE DAY YEAR  19  RY, OFFICE, FARM, ETC.]	I NOT RELATED TO THE TERM  ON WAS PERFORMED  21c. HOW INJURY OCCURF  21l. LOCATION STREET  20 19 75 and that in (my) (our) apinion of DEGREE  ATTENDING	INAL DISEASE OR CONT  200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUR  CITY OR TOW	DITION GIVEN IN  20b. IF YES, WERI IN CERTIFYING  YES   TO THE M 18, PART 1 OR  THE OTHER OF THE OTHER OF THE OTHER OF THE OTHER OTH	PART 1(0)  E FINDINGS USED CAUSES OF DEAT NO [ RPART 2)  UNITY ST.
19		PART I. DEATH WAS CAU  IMMED  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN  19e DATE OF OPERATION  21e, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF IN ETIMER, MOTHY MEDICAL EXAMIN  21d, INJURY OCCURRED  WHILE NOT WHILE AT WORK  22e. I certify that (1) (this ho sow the deceosed alive obove, (1) (we) in this indi-	DUE TO, OR AS A CO  (b)  DUE TO, OR AS A CO  (c)  T CONDITIONS CONTRIBU  19b. CONDITION FO  19b. CONDITION FO  LIDERTO, OR AS A CO  (c)  19b. CONDITION FO  PORTION FOR THE CONTRIBUTION FO  21b. TIME OF INJURY HOUR A.M. MO  P.M.  21e. PLACE OF INJURY HOME, STREET, FACTO  Spitol) objected the deceose on motil were the body unitered accomplished to the deceose on motil were the body unitered accomplished the deceose on motil were the body unitered accomplished the deceose on motil were the body unitered accomplished the deceose on motil were the body unitered accomplished the deceose on motil were the body unitered accomplished the deceose on motil were the body unitered accomplished the deceose on motil were the body unitered accomplished the deceose on motil were the body unitered accomplished the deceose on motil were the body unitered accomplished the deceose on motil were the body unitered accomplished the deceose on motil were the body unitered accomplished the deceose on motil were the body unitered accomplished the deceose on motil were the body unitered accomplished the deceose on motil were the body unitered accomplished the deceose on motil were the body unitered accomplished the deceose on motil were the body unitered accomplished the deceose on the body unitered accomplished the deceose of the body unitered accomplished	ONSEQUENCE OF  ONSEQUENCE OF  TING TO DEATH BUT  ON WHICH OPERATION  ON THE DAY YEAR  19  RY, OFFICE, FARM, ETC.]	I NOT RELATED TO THE TERM  ON WAS PERFORMED  21c. HOW INJURY OCCURR  21l. LOCATION STREET  21 19 75 and that in (my) (our) apinion of DEGREE  O ATTENDING PHYSICIAN E	200 AUTOPSY?  YES NO CITY OR TOWN  CITY OR TOWN  CONTROL STAFF  DIRECTOR PHYSIC	DITION GIVEN IN  206. IF YES, WERI IN CERTIFYING  YES  TY IN ITEM 18, PART 1 OR  THE ORDER ON THE ORDER  N THE ORDER  THE ORDER ON THE ORDER ON THE ORDER ON THE ORDER  THE ORDER ON THE	PART 1(0)  E FINDINGS USED CAUSES OF DEAT NO CAU

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Jack High. MD 118 - 1925 H. . C. ostiletica. D.C.

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2a. DATE OF DEATH MONTH FIRST (TYPE OR PRINT) 3. SEX MONTH 15. FEMALE CAUCASIAN FEB 1896 85 7a. BIRTHPLACE 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED RUSSTA MONTGOMERY COUNTY WIDOWEDXX DIVORCED ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 20 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS TYPE OF WORK FOR MOST OF WORKING LIFE! ROCKVILLE POTOMAC VALLEY NURSING HOME DENTIST USUAL RESIDENCE (IF NUR 113) OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? ROCKVILLE MARYLAND MONTGOMERY 6121 Montrose Road YES X NO [ 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME JACOB MIDDLE WOLF MIDDLE FANNIE 17. INFORMANT (SON) 3256 N Street, NW 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO (YES NO OR UNKNOWN) 578-62-1107 JEROME WAGSHAL Washington, DC. 20007 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE LONSEQUENCE Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 00

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOXX NO T YES 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER PM 21d. INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (lythis pospital) attended the deceased from sow the deceased and that in (me) (our) opinion death occurred on the date and have and from the causes stated

abaya, (1) (was (did) (did not) view the body after death 226. SJGNATURE

10.81

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

PARK

STATE

MD

TIC DATE SIGNED

2b. HOUR

12b. KIND OF BUSINESS OR

DENTISTRY

COHEN

APPROXIMATE INTERVAL

IF UNDER I YEAR

INDUSTRY

2050

IF UNDER 24 HRS

23a BURIAL, CREMATION, REMOVAL (SPECIFY)

23c. NAME OF CEMETERY OR CREMATORY

MT. LEBANON MEM

DEGREE

Hvattsville

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or Item 18

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MEDICAL

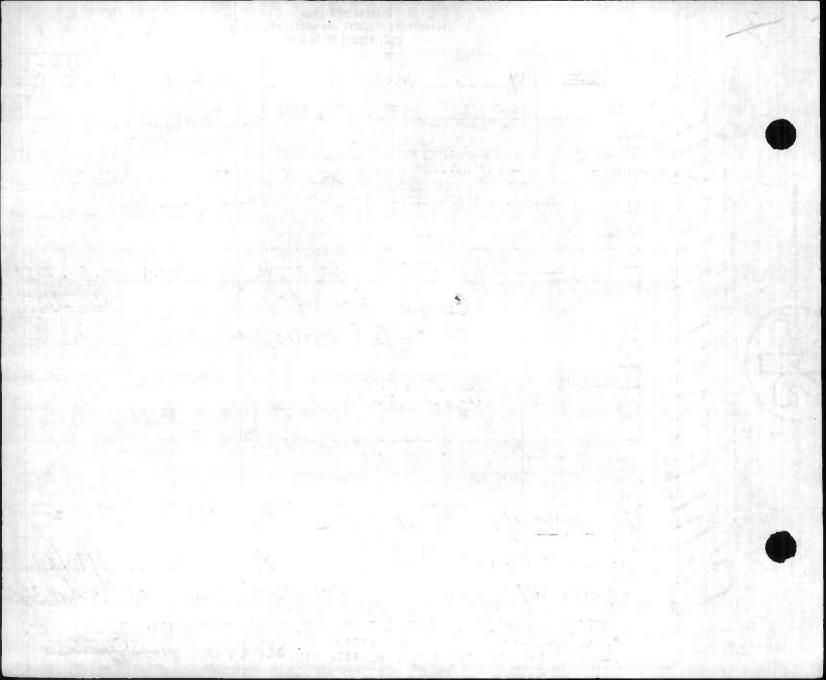
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BURTAL Sept

<sup>24 FUNERAL DIRECTOR</sup>
NAME Danzansky-Goldberg ADDRESS Rockville, MD Property Name Memorial Chapels, Inc 1170 Rockville Pike

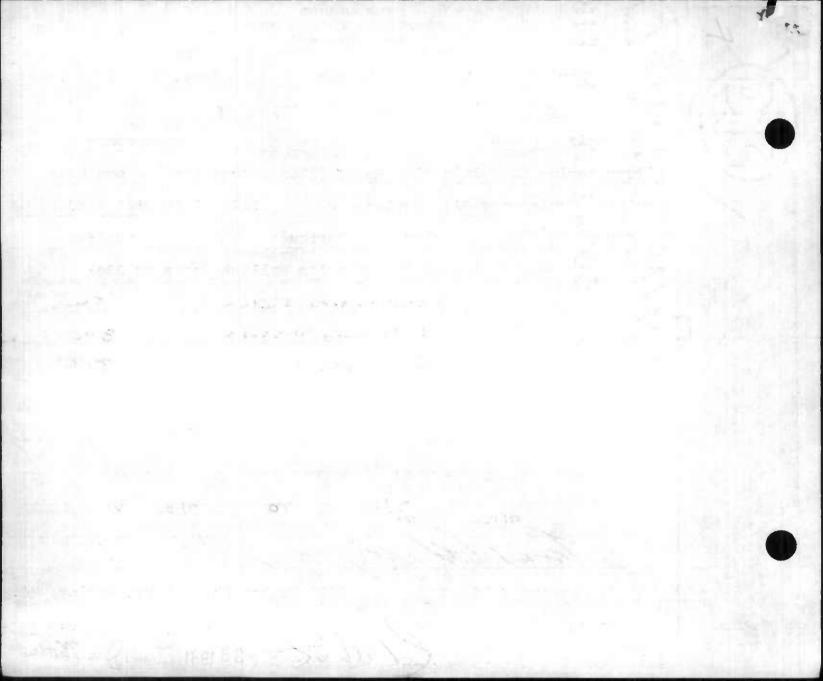
250 DATE REC'D. BY REGISTRAR 251 DEGISTRAR

DHMH-16 30M 2/80 (VRA 15, 4)



	FOR - STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8   2	4440
	ECEASED NAME FIRST PE OR PRINT)	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR P.
	Martha		Wallach	Sept. 20	, 1981 2:00 <sub>M</sub>
3 SEX		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	Temale	White	June 28, 1915	66 YRS	
-	COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	
	nnsylvania	USA	WIDOWED DIVORCED		gomery MD.
S	Silver Springl	1220 Blair Mil	ll Road, #1205	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE HOUSEWIFE	176 KIND OF BUSINESS OR INDUSTRY OWN home
Ma S	aryland Monto			13° STREET ADDRESS 1220 Blair Mi	ill Road,
14. FA	ATHER'S NAME FIRST M	MIDDLE LAST	15. MOTHER'S MAIDEN NAA		
0	Harry	Tyler			Scudder
	WAS DECEASED EVER IN U.S. ARM  (YES, NO OR UNKNOWN) (IF YES, GIVE	E WAR OR DATEST	(1100)		
	no	\$19-09-5	5241 Charles Wal	llach-(same as	s 13e)  APPROXIMATE INTERVAL  BET WEEN ONSET AND DEATH
CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last	DUE TO, OR AS A CONTROLE  (b)  DUE TO, OR AS A CONSEQUE  (c)  ONDITIONS CONTRIBUTING TO D	ence of womany D-50	NINAL DISEASE OR CONDITION GI	
3 5	198 DATE OF OPERATION	190 CONDITION FOR WINCH	OPERATION WAS PERFORMED	IN CERTI	ES, WERE FINDINGS USED  TEYING CAUSES OF DEATH?  YES NO NO
	?] a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	TH HOUR A.M. MONTH DA	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME, STREET FACTORY OFFICE FA	ARM. ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	27a I certify that (I) (this haspite saw the deceased alive on obove, (I) (we) (did) (did not) 27b. SIGNATURE-	ines the body after depth 19	DEGREE ATTENDING	death occurred on the date and ho	pur and from the causes stated  27c DATE SIGNED
		rd Gold, MD	8630 Fent		er Spring, Md.
11	AL DECIENT		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
24 FU W	Cremation 9 UNERAL DIRECTOR VALUE E. Pump 434 Ga. Ave.,	phrey, Inc.	tropolitan Crema 250 DATE SI	atory Alex ERECD BY REGISTRAR 25 REGIS EP 28 1981 Zame	1 offered

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletaly filled in the the should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 thaulif be 11-ed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayol. retained by the hospital ar attending physician DHMH - 16 50M 1/81 (VRA 15, 4)



campletely filled in by the funeral 3 and 2 should be filed within 72

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2	4	00.7	2.4	

	'	REGISTRAR				CERTIF	ICATE OF DEATH	0	REG. NO.	Erwa		
		CEASED NAME OR PRINT)	FIRST WANDA		EA	WEBS	STER	20 DATE OF	EMBER 10			26 HOUR 5:40 P
	3. SE	x FEMALE		RACE WHIT	E	S. DATE O		6 AGE (IN)	YEARS LAST BIRTHDAY		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
2		RTHPLACE (STATE ( COUNTRY) Alabama		U.S		MARRIE	NEVER MARRIED DIVORCED		RECITY OR CO	UNTYO		MD
6	В	ETHESDA		THE	CLINICA	CEN	OR OTHER INSTITUTION	TYPE OF WOR	OCCUPATION K FOR MOST OF WOR EWIFE	KING LIFE)	176 KIND O INDUSTRY	F BUSINESS OR
2	ALA	AL RESIDENCE (IF N STATE BAMA	M COUN	THER INSTITUTION TY	GIVE RESIDENCE BEFORE  13c CITY OR TOW  COKER		13d. INSIDE CITY LIMITS?	13e STREET ROUTE	ADDRESS 1, BOX	462A	(35	5452)
1 W/		THER'S NAME Leon Sis	s k	IDDLE	LAST		Lorene Ki		rick		LAS	T
2	0	VAS DECEASED EVI YES, NO OR UNKNOWN)		MED FORCES?	417-52-06	529	MR. ALTON WE	EBSTER	JR. (N	OK)	SAME ABOVE	AS
		18 CAUSE OF DE. PART 1. DEATH  Conditions, if or gove rise to it couse (o), sto underlying cou	IMMEDIATE  ny, which mmediate iting the	DUE TO, O	Ine for (0), (b), on IASSIVE GO	ASTROI	SEVERE HYP WITH ATELEC	PEREMIA CTASIS		GS		MATE INTERVAL DASET AND DEATH HOURS NOWN
	CERTIFICATION		E ABDOM	INAL AS	CITES (7	-8 lit	NOT RELATED TO THE TERM  CETS)  N WAS PERFORMED	20a AUTC	DPSY? 20b.	IF YES, V	WERE FINDIN	GS USED OF DEATH?
		210. ACCIDENT WAS LOT CONTRIBUTING	CAUSE OF DEAT	216 TIME O HOUR A.	M. MONTH DA	AY YEAR	21c HOW INJURY OCCURR	YEX RED (ENTERNA	TURE OF INJURY IN IT	YESX EM 18 PART		NO []
	MEDICAL	AT WORK AT V	WHILE O		REET, FACTORY, OFFICE F		211 LOCATION STREET		CITY OR TOWN	7.0	COUNTY	STATE
		sow the dece-	the (this hospite osed plive ps	EPTEMBE	e deceosed from 18 10 19 19 1		BER 5, 19 81 ad that in (May) (our) opinion (	. 10	d on the date on	, -19		that (4 (we) lost couses stoted
		22b. SIGNATURE	12.	Kant	or M.	D .	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	7	9/1/	SIGNED
		HOWAR		KAN"	TOR				STITUTES ETHESDA,			
	220 0	LIDIAL CREAMATION	I DE MOVAL	221 DATE	122 .	11115 05 0	5115750V 05 055	Verifica	Tioni			

DHMH - 16 50M 1/81 (VRA 15, 4)

shauld be detoched for use os the buriol-transit permit. Then please remove corbonpape, with the State Dept. of Health and Mentol Hygiene prior to burial, cremotion, or removal.

MPORTANT: If Item 21 is marked or Item 18 shaws any

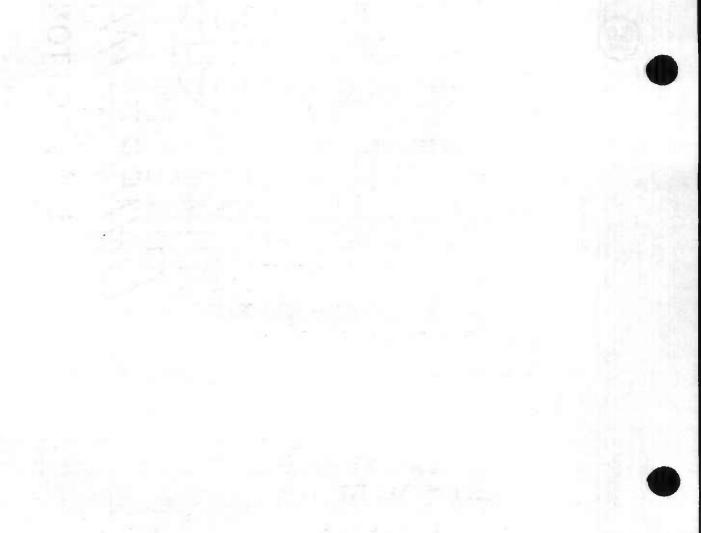
TO FUNERAL DIRECTOR. After this certificate has been

Burial 9/13/81

Memory Hill Garden

d. LOCATION
CITY OF TOWN
Tuscaloosa

Hines/Rinaldi F.H.11800 N.H.Ave.S.S.Md.



# FOR - STATE REGISTRAR erol director, page 3 NZ2 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fune should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within, with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal. IMPORTANT: If Hem 21 is morked or Item 18 shows ony Injury, or other troumotic event, the

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

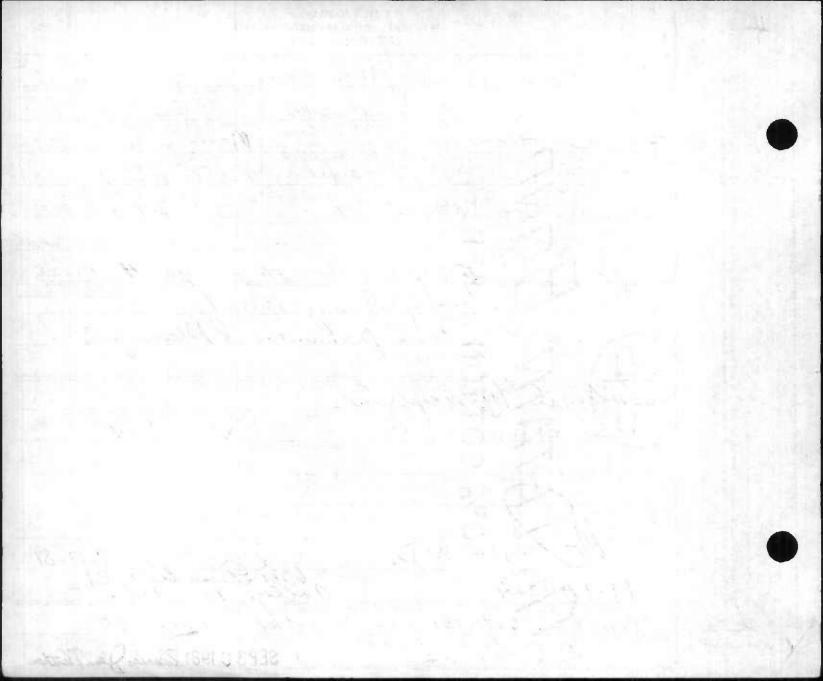
63 REG. NO.

		EASED NAME	FIRST	A	VIDDLE	L	AST	1 2	0. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
	(TYPE	OR PRINT)	TRued	PRIPE	. J.	(	Vedloc	KI	Sec	tembe	R14,198A	2:25 1
	3. SEX		4	RACE		S. DATE C		EAR 6	AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
		Emale		BIAC	K	Oc	t 23 19		3	DYRS.		, ALL
	C	RTHPLACE (STATE OR	FOREIGN 7	b. CITIZEN OF V	WHAT COUNTRY?	MARRIEI	NEVER MARR	ED 🗆 9	BALTIMORE CITY O	R COUNTY	OF DEATH	
2		empica	- ٧		orca V	WIDOWE			10/Ontgo	mere	1 Cru	MLIZ MD.
	Sil	TY OR TOWN OF DE	sho	HOLY	CROSS	ADDRESS!	pital	ON	20. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF NURSES	FWORKING LIFE	INDUSTRY	pital
7	13a. S	AL RESIDENCE (IF NUM	INF. CORNI	HER INSTITUTION	GIVE RESIDENCE BEFOR	NI	11d. INSIDE CITY LI	MITS?	3e STREET ADDRESS	FACT	N.W.	AUE
4	14. FA	THER'S NAME			1011-1111	9/2	15. MOTHER'S MAI	DEN NAME	117 2	11-7	ELIV	1100
	h	FIRST	HN	KNOW	SN ST		J4/	A	BOWFI	U	WI	MiANS
		AS DECEASED EVER		ED FORCES?	166 SOCIAL SECU	JRITY NO.	17. INFORMANT		ADDRE			
		NO			377-86	-9313	POR	OTH	4 24.	Net	NI	ECE
		18 CAUSE OF DEAT	H (Enter only	one couse per	live for (a), (b), or	dig)	7	0	4		APPROXIM BETWEEN O	NATE INTERVAL NSET AND DEATH
		ANTI-DEATHY	IMMEDIATE		ordeo,	Dur	nmng	w	nes!			
		3201		DUE TO, OR	AS A CONSEOU	ENTE OF	1. 0		0 201	enin	27	
1	16	Conditions, if ony gove rise to im	mediote	(b)	Neu.	ce f	neumi	0,0	in foll	nu	Jeles	
		couse (a), stati underlying cous		DUE TO, OF	AS A CONSEOU	ENCE OF				C		
1		PART Z OTHER BIG	NIEKANT	DND/DOVS CO	IN IBUTING TO	DEATH BUT	OT RELATED TO T	HE TERMIN	AL DISEASE OR CONI	OITION GIVE	N IN PART 1(a)	
	NO.	-nter	nal	1740	VYO COP	trale	· · ·		The state of the s			
	CERTIFICATION	190. DATE OF OPERA	TION	THE WONDS	TION FOR WHICH	OPERATIO	WAS PERFORMED	>	20a AUTOPSY?	20b. IF YES,	WERE FINDING	GS USED OF DEATH?
Ц	RTIF	4-2-	81	men	ingil	3			YES NO	YES	V	NO [
	S .	210. ACCIDENT WAS UN OR CONTRIBUTING		216. TIME OF	FINJURY ) A. MONTH D	AY YEAR	21c. HOW INJURY	OCCURRE	O (ENTER NATURE OF INJUR	Y IN ITEM IB PA	RT 1 OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MED	ICAL EXAMINER)	P.A		19						
	MED	21d. INJURY OCCUR		21e PLACE C	OF INJURY EET, FACTORY, OFFICE, I	FARM, ETC.)	21f. LOCATION STREET		CITY OF TO	WN	COUNTY	STATE
		AT WORL THE	No.	1)		-						
1	П	220. I certify that I	ed of e ou	/	deceosed from_ 19_		d that in (my) (our)		_, to oth occurred on the do			hot (I) (we) last
		22b. SIGNATURE	hid Mid not	ew the body	ofter deoth.		DEGREE		/		22c DATE S	
	20	10	1/0	300	~ MI	<u>)</u> .	ATTEN PHYSI		MEDICAL STAF		9-1	7-81
		22d. PHYSICIAN'S N	7 A				22e ADDRESS	201	Treen 1	welt	Rd	
4		101,6	MKZ	-11/			a	Clas	e PIC	Ma		
	23a. B	URIAL, CREMATION	REMOVAL	23b DATE	1 195	/	EMETERY OR CREM.	1	23d. LOCATION	11	COUNTY	STATE
	24 FU	NERAL DIRECTOR	1000	DE POTE	4,1101	LEE	CREMA		REC'D. BY REGISTRAR	25h PEGISTE	AP'S SIGNIATI	IDE
		NAME	Apit	1	VERATERES	SOK	VICE	SEI	P3 0 1981	21	O. O	W
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DHMH-16 30M 2/80 (VRA 15, 4)

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retained by the haspital or attending physician.



		FOR	DED		E OF MARYLAND EALTH AND MENTAL HY	3 1 2	4443
	1 -	STATE REGISTRAR	DEF		ICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	LIABE	Ralph	A	W	ells	9	16 81 4 45 AM
٠.	3 SEX	(	I. RACE	S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		M	W	11	23 1893	87 YRS.	
6		RTHPLACE (STATE OR FOREIGN )	& CITIZEN OF WHAT COUN	TRY? 8 MARRIE	D NEVER MARRIED	BALTIMORE CITY OR COUNT	^ _
Ö		ssachusetts	USA	WIDOWE		Montgomery	County MD.
8	5,1	iver Spring	I NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S	HOS DI	40.	(TYPE OF WORK FOR MOST OF WORKING L Ret. Economis	t Commission
6	13a. S		TY 13c. CITY OR		13d INSIDE CITY LIMITS?	13e STREET ADDRESS 4500 Norbeck	Road,
-	14. FA	THER'S NAME	AIDDLE LAST		15 MOTHER'S MAIDEN NA		LAST
1				ells	Ida	Μ.	Taylor
			WAR OR DATES)	SECURITY NO.	17 INFORMANT		Dale Drive,
	7	yes W	W 1 578-6	6-7853	Pavid H. We	ells-son-Silve	
		18 CAUSE OF DEATH :Enter only PART I. DEATH WAS CAUSED	y ane couse per line for (a) (b) BY:	oi, and ig.	Go TIM		APPROXIMATE INTERVAL BETWEEN ONSEJ AND DEATH
		IMMEDIATE	CAUSE (o)	or for	w fruit		40 61.
		1937	DUE TO, OR AS A CONS	EQUENCE OF	meteria)		11 + days
		Conditions, if any, which gave rise to immediate cause (a), stating the					
		underlying cause last.	DUE TO, OR AS A GONS	10	don		11 + days
	Z	PART 2. OTHER SIGNIFICANT CO	onditions <u>contributing</u>	TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GI	IVEN IN PART I 10
_	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED		S, WERE FINDINGS USED
2	TIFIC	9/4/81	Sowel o	betree	71		IFYING CAUSES OF DEATH?
1	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART   OR PART 2)
	CAL	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19			
	MEDICAL	21d INJURY OCCURRED	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE FARM ETC )	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	-	AT WORK AT WORK		01	1. 5	1 9/1	81
		220 I certify the (1) (this hospite sow the deceased abuse as	01.1	01	ad that in my laur) apinion	death accurred on the date and ha	. 19, that (1) (we) last
		obove, (1) (we) (did) (did no)			DEGREE	dearn decorred on the date on the	22c. DATE SIGNED
		Bruan	25		ATTENDING	MEDICAL STAFF DIRECTOR   PHYSICIAN	9/16/81
		22d. PHYSICIAN'S NAME (TYPE OR	· ·		22e ADDRESS	1_ 3	
1		M. EICHL	EL			ennma In.	WHSATON, MO
	23a. B	Burial, CREMATION, REMOVAL	236. DATE 9-19-1981		EMETERY OR CREMATORY	7 Rockville M	COUNTY STATE
		Durrar	A-TA-TAOT	rativia	wn Cemetery	L KOCKATITE W	lontgomery Md

Md.

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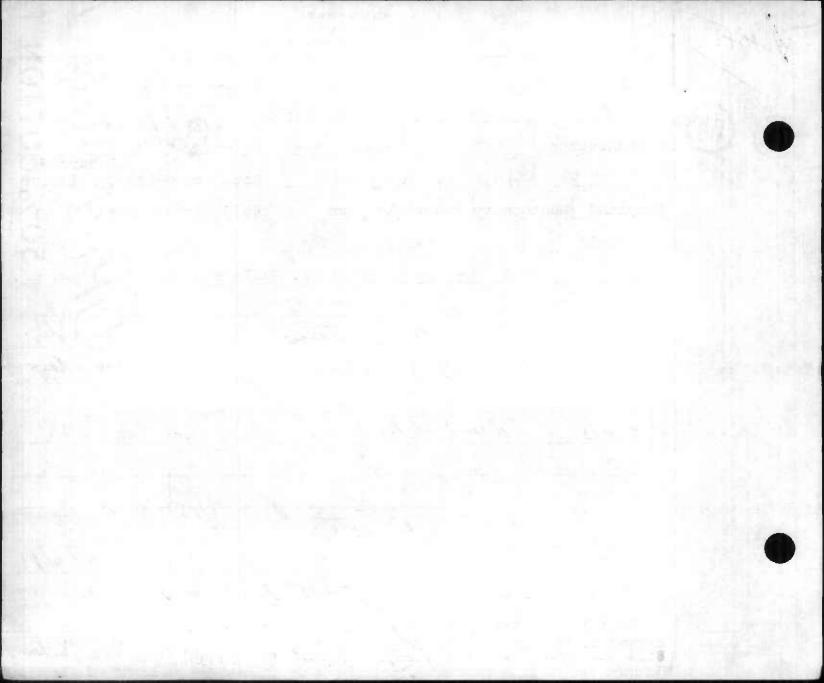
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Warner B. Pumphrey, 8434 Ga. Ave., S.S.

Inc Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 21 four after that Properties to the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely littled in by the funeral direction and should be detached for use as the busial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled within 72 had offer with the State Dept. of Health and Mental Hygiene prior to busial, cremation, or removal.
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injury, or other troumotic event, th

IMPORTANT: If Item 21 is marked or Item 18 shows any

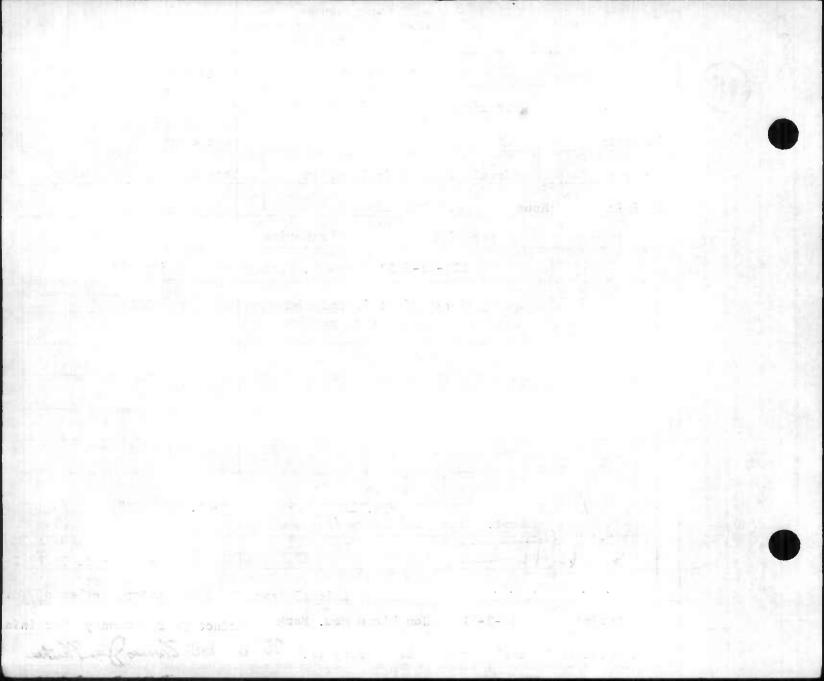
	STATE OF MARYLAND
FOR STATE	DEPARTMENT OF HEALTH AND MENTAL
STATE	CERTIFICATE OF REATH

HYGIENE 8

	REGISTRAR		CERTII	CATE OF DEATH	REG. N	J.		
	1 DECEASED NAME FIRST	MIDDLE	Į.	AST	2a DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
V	Elizabeth	1	WESTERB	ERG	Septembe	er 28	3 1981	1030A <sub>M</sub>
	3 SEX	EX 4 RACE			6 AGE (IN YEARS LAST BIR	(HDAY)	IF UNDER 1 YEAR	
	Female	Caucasian	Apr	i1 27 1916	65	YRS.	MONTHS DATS	HOURS MIN.
	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	UNTRY? 8	X NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
2	Minnesota	USA	WIDOWE	D DIVORCED	Montgome	ry		MD.
,	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI		R OTHER INSTITUTION	12a USUAL OCCUPATI			OF BUSINESS OR
4	Bethesda	National Nav		1 Center	Teacher		Educa	tion
3	USUAL RESIDENCE (IF NURSING HOLD OF 13a. STATE  Virginia  N	NTY 13c. CHTY C	nial Hei-		13e. STREET ADDRESS 410 Jan	nes Ar	venue	
	14 FATHER'S NAME	WIDDLE . I		15. MOTHER'S MAIDEN NAM	ΛE			
	Andrew	Rocznia	ik	Katherine	Middle		Marek	,,
	160 WAS DECEASED EVER IN U.S. AR		AL SECURITY NO.	17 INFORMANT	ADDRE			
5	No	220	-32-5059	Sture V. West	erberg See	e item	n 13	
Charles of the Control of the Contro	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT (1)  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING	DUE TO, OR AS A COI	NG TO DEATH BUT		NAL DISEASE OR CONI	20b. IF YES	/EN IN PART 110	NGS USED
4	TA .				YES NO		s 🐴	но 🗌
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA OR CENTRIBUTING C	ATH HOUR A.M. MON	19	216 HOW INJURY OCCURR  216 LOCATION STREET	ED (ENTER NATURE OF INJUI		PART : OR PART 2)	STATE
	220.1 certify that (1) (this hospi	Sept. 28	19 <u>_81</u> , on	d that in/(n/y) (our) opinion d DEGREE		F	22¢ DATE	
	22d. PHYSICIAN'S NAME (TYPE C  K. T. TURK  23a. BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE		National Nav				
	(SPECIFY) Burial	10-2-81	Southlav	n Mem. Park	Prince G	eorge	County	, Virgini
	24 FUNERAL DIRECTOR  Metropolitan F	uneral Servic	De Alexand	lria, Va. 250 OC	T 8 1981		RA SSIGNAT	

DHMH - 16 50M 1/81 (VRA 15, 4)

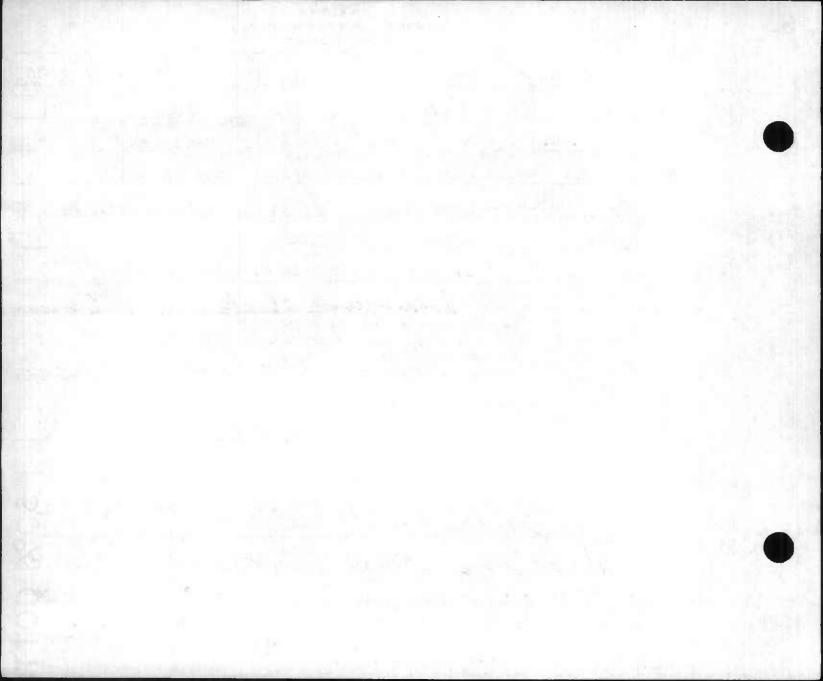
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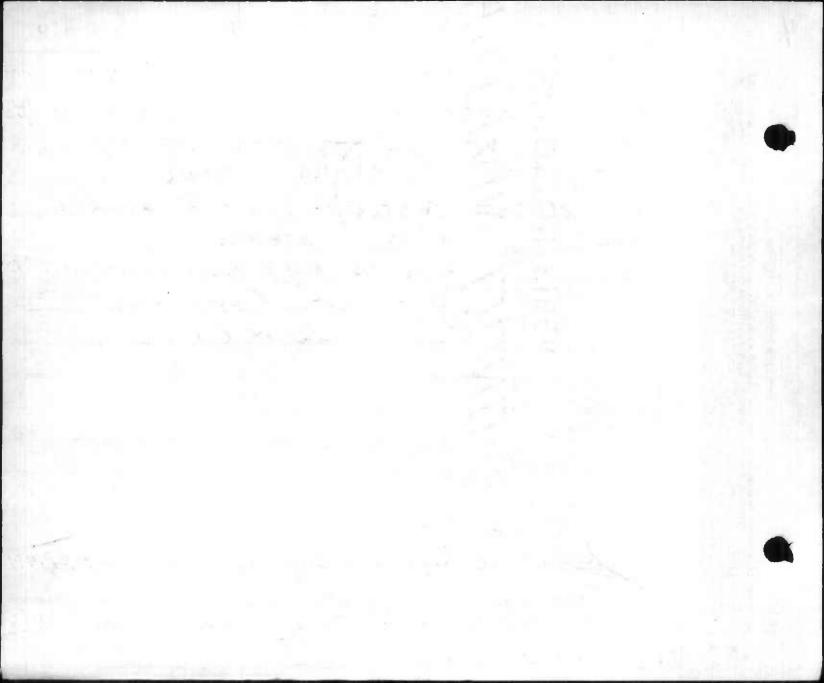
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havrs after death. Page 4 may be retained by the haspital or attending physician.

DHMH - 16 50M 1 (VRA 15, 4)

	1	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH	rGIENES 2	4 4 4 5
	(TYP	CEASED NAME FIRST ELME		Whitney	20. DATE OF DEATH MONTH	23 8/ 2:40P
)	3. SE	Nale	Caucasian	5. DATE OF BIRTH MONTH DAY O 8	6 AGE (IN YEARS LAST BIRTHDAY) 72 YRS	# UNDER 1 YEAR # UNDER 24 HR MONTHS DATS HOURS MIN
1		Mash., D. C.	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgome	
natified	ra:	koma Park	Washington Ad	AG HOME OR OTHER INSTITUTION ADDRESS) Ventist Hospit	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING ACCOUNTANT	LIFE) 12b. KIND OF BUSINESS (
35			ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 136 CITY OR TOW Rockvi		199 Rollins	Ave., Apt.
150	14 F.	ATHER'S NAME FIRST  George	Whitney	15 MOTHER'S MAIDEN N Mattie	WIDDIE	Irey
medical		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECU 578-10-		ADDRESS Sar G. Whitney, Wi	ne as Above ife,
rs any injury, ar ather traumati	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying cause lost  PART 2 OTHER SIGNIFICANT (19a. DATE OF OPERATION)	DUE TO, OR AS A CONSEQUE  DUE TO, OR AS A CONSEQUE  (61)  CONDITIONS CONTRIBUTING TO 6  196 CONDITION FOR WHICH	DEA H BUT NOT RELATED TO THE TEL		GIVEN IN PART 1 ID  YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
18 shov		210. ACCIDENT WAS ONDERLYING CONCONTRIBUTING CAUSE OF DE	210	YEAR 216. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM I	YES NO
rked ar Item	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	R) P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
IMPORTANT: If them 21 is marked ar Item	MEDIC	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (this hosp saw the deceased alive on	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F mol) ottended the deceased from	21f LOCATION STREET  19  Cond that in (my) (***) opinion  DEGREE  ATTENDING PHYSICIAN  12e ADDRESS	n death accurred on the date and h	, 19 , that (I) (we) love and from the causes stated



	FOR STATE REGISTRAR FIRST	DEPARTMENT OF H	IEALTH AND MENTAL HER'S CERTIFICATE O	F DEATH REG. NO.	H DAY YEAR 76 HC
17	Henry	Monroe	Wilson	20. DATE KNOWN D MONT OF ESTI- DEATH MATED 9	/28/8% 3:0
	u w ten	DAY YEAR LAST BIRTHDAY NOF WHAT COUNTRY?		PRONOUNCED DEAD  9. BALTIMORE CITY OF COU	12+ 19P/ 3
	TITY OR TOWN OF DEATH II. NAME	OF HOSPITAL, NURSING HOME,		X NOM X MONTO	
3 TO THE F	AKOMA PARK Wash AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTI	ington Adventis	N)	IFARMER	
S ESECTION	STATE 13b. COUNTY ATHER'S NAME FRIST MIDDLE	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES NO [	111 6 x 2 yo	LAST
RS AFTER DEATH. IF 3. GIVE PAGES 1, 2, WITH FORM PM 3. I. PAGES 1, 2, PAGES 2, PAGES 2, PAGES 2, PAGES 3, 2, PAGES	WAS DECEASED EVER IN U.S. ARMED FORCE YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES  YES	S? 166 SOCIAL SECURITY	NO. 17. INFORMANT		ANT AVE TE
201 W. PRESTON ST. UTED WITHIN 24 HOU IN PERVIL IN ITEM 18 EXAMINER ALONG IN ILL TRANSIT PERMIT ON, OR REMOVAL.	Canditions, if any, which gave rise to immediate	TO, OR AS A CONSEQUENCE O	20m d	Colomon E Colom	APPROXIMATE INTER: BETWEEN ONSET AND E
DF VITAL RECORD  ATE SHOULD BE EN EWORD "FENDIN"  HE CHIEF MEDIC DE BE USED AS AT A FORT OF HEALTH OF BURITAL CREM	190. DATE OF OPERATION 196.	CONDITION FOR WHICH OPERA			20 AUTOPSY?
DIVISION OF VITAL RECORDS,  IIS CERTIFICATE SHOULD BE EXECURING THE WORD "PENDING".  ARDED TO THE CHIEF MEDICAL  ARDED THE CHIEF OF THE CATTOR  MEDICAL CERTIFICATION	HINDERLYING TOR HO	TIME OF INJURY UNR A.M. MONTH DAY YEAR P.M. 19 PLACE OF INJURY (AT HOME. RREET, FACTORY, FARM, ETC.]	211. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OF	COUNTY 5
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, WE PAGE 4 SHOULD BE FORWA TO FUNEAR DIRECTOR: PAGE DEATH, WITH THE STATE DEATH, WITH THE STATE DEATH, WARYLAND, 212	22a. I certify that I taak charge of the ren		Autopsy . Inspection cide . Hamicide . TITLE SPECIFY	Inquiry, and in my Undetermined manner, MEDICAL EXAMINER SIG	respected for
01 <sub>BP</sub>	BURIAL GREMATION, REMOVAL 236. DATE (SPECIE) COOL. /.	1981 Parklan	ADDRESS METERY OR CREMATORY  WY CINUTAL  125 DATE	Kock rolle m	S SIGNATURE
DHMH - 17 (VR A15 ME (5)) 15M 2/80	Forma Fuxura Home Ja Va	Mary 254 Connel D	LNW. OCTOCT	1 1981 Manue	Lanlarum



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STATE OF MARYLAND

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T - STATE REGISTRAR	DEPAI	CERTIFICATE O		REG. NO.		
I. DÉCEASED NAME (1YPE OR PRINT)  VIOLA	MIDDLE L.	LAST	ILSON 20 D	DATE OF DEATH MO	- 9-8/	7 15
Female	4. RACE White	5. DATE OF BIRTH MONTH OA Sept. 1	Y YEAR	GE (IN YEARS LAST BIRTHO)	MONTHS DATS	IF UNDER 24 HRS
To. BIRTHPLACE (STATE OR FOREIGNS COUNTRY)  Balto, Md.  10. CITY OR TOWN OF DEATH  Takoma Park	76 CITIZEN OF WHAT COUNTS  U.S.A.  11. NAME OF HOSPITAL, NUR  (IF NOT NI SUCH FACILITY, GIVE STE  Washington Ac	MARRIED X NEV WIDOWED  SING HOME OR OTHER I	DIVORCED MI	Contgomer USU AL OCCUPATION E OF WORK FOR MOST OF WO autician	y County	ME DF BUSINESS OR
Maryland Mor	tgomery Sil.	Spr. YES X			olcrest D	rive
No.	only one count per line for 1gf. lb.	1-7554 Wil		Lie Wilso		CHART AND DEATH
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last	DUE TO, CR AS A CONSECUTION OF TOO ON THE CONDITIONS CONTRIBUTING	Sence of M	T D	DISEASE OR CONDIT	ION GIVEN IN PART 1	20
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH	CHOPERATION WAS PE			06. IF YES, WERE FINDII N CERTIFYING CAUSES YES	
TO ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CAUSE		DAY YEAR 19 21f. VOC. S1	N INJURY OCCURRED ( ATION TREET	ENTER NATURE OF INJURY IN	,	STATE
220.1 certify that (I) this has	ipital) at ended the deceased fro	1101	(my) (Jur) opinion death	to 9/9		that (I) (we) los

23t. NAME OF CEMETERY OR CREMATORY

DEGREE

Glenmont, Montg. Md. State

MEDICAL STAFF

224. DATE SIGNED

Burial

Parklawn Cemetery /1981

254 Carroll St. N. Takoma Funeral Home.

ATTENDING PHYSICIAN

DHMH - 16 50M 1/81 (VRA 15, 4)

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should be detached far use os the burial-transit permit. I with the State Dept. of Health and Mental Hygiene prior:

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IMPORTANT: If He

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TO FUNERAL DIRECTOR: After this retained by the hospital or

TO HOSPITAL OR ATTENDING PHYSICIAN. The

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<sup>4</sup>O FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the should be detached for use as the busiol-transit permit. Then please remove carbonpapers. Pages 1 and 2 would be filled with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, ar removal.

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STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8	2	4	إك	4	8
LAST	2a DATE OF DEATH	MONTH	DAY	YEAR	2b H	OUR

-	1 -	FOR STATE REGISTRAR		DEPARTA		ICATE OF DEATH	REG. NO.	64 04	7 0	
		CEASED NAME FIRST E OR PRINT)		E. W:	indso	r r	Sept. 28,1981	DAY YEAR	26 HOUR 4:30 P	
	3. SE)	X	4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	# UNDER 24 HRS	
		Male	Whi	te	MONTH	pt. 9. 1901	80 YRS	MONTHS DAYS	HOURS MIN.	
	_ (	RTHPLACE (STATE OR FOREIGN COUNTRY) strict of Col.	76 CITIZEN OF	76 CITIZEN OF WHAT COUNTRY? 8		D KNEVER MARRIED	9. BALTIMORE CITY OR COUNT Montgomery	TY OF DEATH		
00	10 CI	nevy Chase	4705	CHEACILITY, GIVE STREET,	IG HOME C ADDRESS) Lvd.	DR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Roller Maker	126. KIND O INDUSTRY Bureau	F BUSINESS O	
0	ľ		e or other institution ounty atgomery	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Chevy C	ADMISSION)	13d. INSIDE CITY LIMITS? YES X NO [	13. STREET ADDRESS 4705 Bayard Bly	vd.		
50		ATHER'S NAME FIRST  James	WIDDLE	Windsor		is mother's maiden name of the len	R.	Ball		
1	16a V	VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES)	579-52-6		17. INFORMANT Sally R. Wine	ADDRESS dsor Same as ite			
		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	BETWEEN C	MATE INTERVAL DINSET AND DEATH Hrs.						
B		Canditians, if any, which gave rise to immediate	DUE TO, C		as a consequence of Corpulmonale			72	Hrs.	
		cause (a), stating the underlying cause last.	(c)_		Obscr	uctive Pulmon		8	Yrs.	
	Z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIGE.  Dehydration, abdominal aortic aneurysm								
		Dehardmetion	ION FOR WHICH OPERATION WAS PERFORMED							
2	TIFICATIO	Dehydration			OPERATIO	N WAS PERFORMED	IN CERT	ES, WERE FINDIN	OF DEATH?	
29	CAL CERTIFICATION	V	196 COND  216. TIME C  DEATH HOUR A	DITION FOR WHICH			IN CERT	IFYING CAUSES		
29	MEDICAL CERTIFICATION	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF  (1F EITHER, NOTIFY MEDICAL EXAM  21d. INJURY OCCURRED  WHILE NOT WHILE  AT WORK  AT WORK	21b. TIME COND DEATH HOUR A P 21e. PLACE (AT HOME, ST	OF INJURY  .M. MONTH DA  .M. OF INJURY  REE1, FACTORY, OFFICE FA	YEAR 19		YES NOS Y	IFYING CAUSES	OF DEATH?	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	IO MOSPITAL 3—ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital ar attending physician.	10 FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and campletely filled in by the funeral director; page 3 should be detached for use as the burial-transit permit. Then please remove carbanapaers. Pages 1 and 2 should be filled within 72 bours ofter death with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical examines mixt be notified at once
	O HO etaine	TO FU	IMPOR

STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REGISTRAR REG. NO. 3:45 1. DECEASED NAME (TYPE OR PRINT) LAST 2e DATE OF DEATH FIRST MIDDLE MONTH Mary Wolfe. 5. DATE OF BIRTH 3. SEX 4 RACE & AGE (IN YEARS LAST BIRTHDAY) # UNDER LYCAR

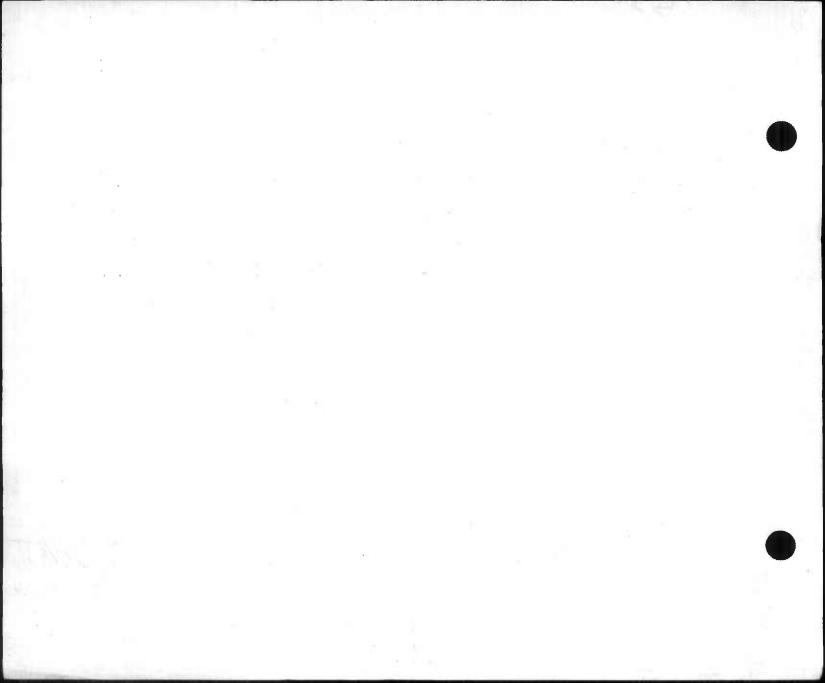
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10 C	ITY OR TOWN OF DEAT	Н		HOSPITAL, NURSIN			111UTION 15	120 USUAL OCC (TYPE OF WORK FOR			. KIND OI DUSTRY	F BUS IN	ESS OR
	Bethesda		Carri	age Hill-	Bethes	da Ce	dar La.	Homem	aker		Own	Hom	ie
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	Harry	^	IDDLE	Tipton		N	riest Iav	AK	DDLE		Wats		
160 V	WAS DECEASED EVER IN	VIIS ARA	AFD FORCES?	14b SOCIAL SECU	PITYNO	17 INFORM			ADDRESS		maco	<u> </u>	
			WAR OR DATES)	578-50-0		Atty 341	John	G. Adams		on D.	C.	2001	.6
_	18 CAUSE OF DEATH	J. E		•							APPROXIA	MATE INTER	EVAL
	PART I. DEATH WA	S CAUSE		CORON		1 4	CAR"	T 121.	SEAS.	e -	BETWEENO	INSET AND	DEATH
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	PART 2_OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101												
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CERTIFICATION	190 DATE OF OPERATE	ION	1% COND	ITION FOR WHICH	OPERATION	WAS PERF		200 AUTOPSY	? 20b. IF	F YES, WER			
J.										RTIFYING	CAUSES		
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	OR CONTRIBUTING CA		HOUR A.	M. MONTH DA		716 HOW II	NJURY OCCUR	RED (ENTER NATURE (	OF INJURY IN ITEM	18, PART 1 OF	RPART 2)		
3	(# EITHER, NOTIFY MEDICAL		Ρ.	M	19								
MEDICAL	21d INJURY OCCURRE	ED	21e PLACE			211 LOCATI	ОИ	CITY	OR TOWN		YTMU		
Σ	WHILE NOT WHILE	K .	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC.)	100	7		100	1	NIV.	21	TATE
	22a I certify that (I) (I	this hospit	al) attended th	g deceased from	-, 8	120	19.5		211	192		that (I) A	we) last
	saw the deceased		//x	195	, ond	that in (my	(aur) opinion (	deoth accurred an	the date and	haur and f	from the c	causes st	ated
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23a (	BURIAL, CREMATION, RI SPECIFY)	EMOVAL	236. DATE				CREMATORY	23d. LOCATION	/h.l	COUNT	ly .	ST	AJE
24.	Buria		Sept :				ional C			rling			Va.
24 61	UNERAL DIRECTOR D	ema/1	ne Sune:	ral Homes	, Inc.		750. DATE	E REC'D. BY REGIS	TRAR 256 REC	SISTRARS	SIGNATI	URE	

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requires that the death certificate be executed within 24 hours after death. Page

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and ci should be detached for use as the burial-transit permit. Then please remaye carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

retained by the haspital or attending physicion.

FOR - STATE

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5 2

REGISTRAR			CLKIII	ICATE OF DEATH	REG. N	10.		
I. DECEASED NAME FIRST		MIDDLE	L	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
Hel	en l	Resser		Yates	SEPT 07 1	981		1:15 R
3. SEX	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Female	Caucas	sian	AUC	3 24 1917 YEAR	64	YRS.	MONTHS DAYS	HOURS MIN
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
Pennsylvania	United	States	WIDOWE	DIVORCED	Montgome	ry C	ounty	M
O CITY OR TOWN OF DEATH  Bethesda	11. NAME OF	HOSPITAL, NURSING CHEACHITY, GIVE STREET NAVAL	G HOME C	cal Center	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST ACCOUNT AT	OF WORKING LI		F BUSINESS OF
Maryland tal	INTY	13c. CITY OR TOWN Oxford		13d. INSIDE CITY LIMITS? YES NO 💆	13e street address Route Box	157		
Charles E. Res	MIDDLE SET	LAST		Anna M. Eva	ens MIDDLE		LAS	1
(YES, NO OR UNKNOWN) (# YES, G	RMED FORCES?	577-12-		(Husband) C		s Yate		13e)
PART I. DEATH WAS CAUSE  PART I. DEATH WAS CAUSE  IMMEDIA  Conditions, if any, which gave rise to immediate cause lat, stating the underlying cause last	ED BY: ATE CAUSE (a) DUE TO, O	Multiple  R AS A CONSEQUER  Complicat	Myelo NCE OF ed by	oma  y Cryptococcus eumonia(Pendin examina	ng microsco	s with		imate inžerval Onset and death
PART 2 OTHER SIGNIFICANT  198. DATE OF OPERATION  218. ACCIDENT WAS UNDERLYING				NOT RELATED TO THE TERM	200 AUTOPSÝ?	20b. IF YES	EN IN PART 11: S, WERE FINDING CAUSES	NGS USED
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI OR CONTRIBUTING CAUSE OF DI OR CONTRIBUTING CAUSE OF DI OR CONTRIBUTING OR CHIEF NOTHY MEDICAL EXAMINI  21d. INJURY OCCURRED  WHILE AT WORK AT WORK  22a.§ certify that X (this hasp sow the deceased alive a abave, (1) (we) (did) (did n  22b. SIGNATURE	21e PLACE (AT HOME, ST	M. MONTH DA' M. OF INJURY REET, FACTORY, OFFICE, FA  de deceased from 1 7	uly 1	216 HOW INJURY OCCURR 211 LOCATION 211 LOCATION 19 81 14 19 81 15 Hot that in (n) (our) opinion of	city or to	0wN	COUNTY	
J. MINNA, CAPT		NS IS		ATTENDING PHYSICIAN  720 ADDRESS National Na	MEDICAL STA DIRECTOR PHYSI Val Med.		Sept Beer, Ma	1981 thesda
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injury, or other troumotic event, the

should be detached for use as the burial-transit permit. Then please remove carbainpope with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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TO FUNERAL DIRECTOR. After this certificate has been

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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	1.	REGISTRAR			ERTIFIC	ATE OF DEATH		REG. NO	O.		
		CEASED NAME FIRS	-	IDDLE	Ya	ukey		26 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR 5
	SE)		4 RACE White		DATE OF MONTH Aug.	13°, 1897	D.	AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER FYEAR	IF UNDER 24 HRS
5	Pe	RTHPLACE STATE OR FOREIGN OUNTRY)	US	W	MARRIED VIDOWED	NEVER MARRIEL		Montgome	R COUNT		MD
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5	136 5	Md.	COUNTY	GIVE RESIDENCE BEFORE ADI 13c. CITY OR TOWN  Sandy Spri	ing	3d INSIDE CITY LIMI YES 🛣 NO 🗌		36 STREET ADDRESS 17204 Quak	er La	ane	
9		John FIRST	M.DOFE	Yaukey		s. mother's maide First <b>Anna</b>		WIDDEE		Baer	
	16a V	VAS DECEASED EVER IN U. YES, NO OR UNKNOWN) (IF YE NO	S. ARMED FORCES? ES, GIVE WAR OR DATES)	579-40-082		7 INFORMANT Grace Yau	key/	Same as it			
		18 CAUSE OF DEATH IED PART I. DEATH WAS C	ter only one couse particles and AUSED BY	ine for 10 1b, and c	nu	Bross	Peri	Luber L	elia		MATE INTERVAL MISET AND DEATH
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	ATION	PART 2 OTHER SIGNIFICA		NTRIBUTING TO DE A			E TERMIN	AL DISEASE OR CONI	5	ES, WERE FINDI	
2	CERTIFICATION	4666						YES NO	IN CERT	TIFYING CAUSES YES [	
1	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXAL.)  21d INJURY OCCURRED	OF DEATH HOUR A.A	A. MONTH DAY	YEAR 19	211 LOCATION	CCURRE	D (ENTER NATURE OF INJUR			
	ME	WHILE NOT WHILE C		ET, FACTORY, OFFICE, FARM		STREET		CITY OR TOW	IN	COUNTY	STATE
			hospital) attended the ve on did not) view the body of	deceosed from 23 19 8 ofter deoth.	L, ond	that in My) (our) of	pinion de	to to	ote and ha	our ond from the	tho (we) lost couses stated
		200	28m	200	W	ATTEND PHYSIC	ING IAN	MEDICAL STAF	F IAN 🗌	22 DATE	3/8/
		John G. Lo	STATE OF THE PARTY			22e ADDRESS 18111 Pr	rince	Philip Dr	. On	ely, Md.	
	{	BURIAL, CREMATION, REMO SPECIFY)  Cremation	9/28	(1981 Ce	dar H	METERY OR CREMAT	tory	23d. LOCATION CITY OR TOWN Suitlan	d	county Marylan	STATE
	24. FU	UNERAL DIRECTOR JOSE NAME 5130 Wisc	ph Gawler' . Ave. N.W	s Sons, Ir	1C.	25	SEP	REC'D. BY REGISTRAR	256 REGIS	STRAR SIGNA	2566

DHMH - 16 60M 1/75

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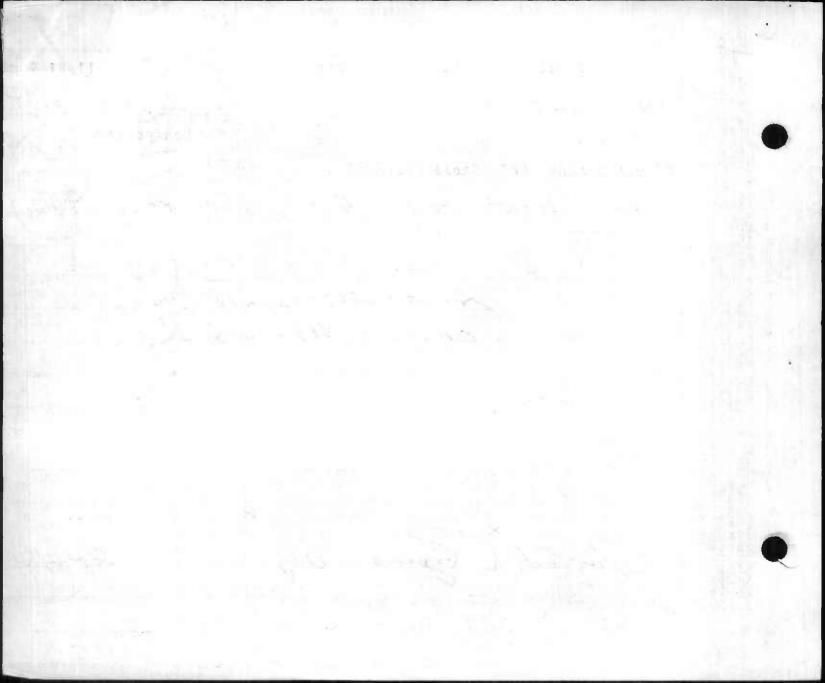
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of 1d. Jepate	deficient to			Fil
	ellivide ( ling link	Tourse Tundgal	teri.	t man

13-	1-	FOR STATE REGISTRAR	MEDICAL EXA	STATE OF MARYLAND FOF HEALTH AND MENTAL F MINER'S CERTIFICATE C	HYGIENE 2 OF DEATH REG.N	4 4 5 3
Marin State		CEASED NAME FIRST James	C.	Young	20. DATE KNOWN OF ESTI- DEATH MATED	9 11,9 81 9 pm
ARY, PLA L DIRECTO YOUR FILE N 72 HOU STON STREE	-	nale 4. RACE	5. DATE OF BIRTH  MONTH  E  JULY  15,1912  7b. CITIZEN OF WHAT COUNTRY?	E (IN YEARS   IF UNDER 1 YR. IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1 YR.   IF UNDER 1	MIN. PRONOUNCED DEAD DEAD 9 BALTIMORE CITY	MONTH DAY YEAR 24 HOURS
	FO	KENTUCKY	u.s.A.	MARRIED NEVER MARR	CED   Mont	gomery MD.
A PARTY OF THE PAR	SA	ilver Spring		spital	12a USUAL OCCUPATION (TO FOR MOST OF WORKING LIFE) STEAM FITTER	
RETAIN FCORD	IJO S		R OTHER INSTITUTION, GIVE RESIDENCE BEFORE.  TY  13t. CITY OR TO	ADMISSION)  JAMES INSIDE CITY LIMITS?  PING YES NO [	36 STREET ADDRESS PO	ZY XXXXXXXVE.
AND 25 STALL	2	THER'S NAME CURTIS	YOUNG LAST	15. MOTHER'S MAID FIRST LTLI	LY	HAMMOND
AFTER G SIVE PAC TH FORM AGES I	16e. V	VAS DECEASED EVER IN U.S. AR/ ES, NO, OR UNKNOWN) (IF YES, GIVE NO	WAR OR DATES)	CURITY NO. 17. INFORMANT  0-9296 FRIEDA	ADDRES YOUNG SAME AS	
UTED WITHIN 24 HOURS IN PENCIL IN ITEM 18. SAAMINER ALONG WITHIN AL. TRANSIT PERMIT IN MENTAL HYGIENE, DI. ON, OR REMOVAL.		18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE!  Conditions, if any, which gave rise to immediate couse (a) stating the underlying couse lost.	~ 6	ENCE OF MY OCE	idial Dis	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
BE EXECUTE ENDING" IN IN MEDICAL EXA AS A BURIAL ALTH AND MI CREMATION,	NO	PART 2 OTHER SIGNIFICANT CONDITIONS		HE TERMINAL DISEASE OR CONDITION GIVEN IN PA	ART 1 (a)	
NOULE INSEP	TIFICATI	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED?		20 AUTOPSY?  YES □ NO 🕏
ERTIFICATE S ING THE WO ED TO THE O S SHOULD BE EPARTMENT PRIOR TO BU	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH P.M.	YEAR	ED (ENTER NATURE OF INJURY IN ITEM )	BPART 1 OR PART 2)
HIS CERT WRITING ARDED AGE 3 SH ATE DEP/	MEDI	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT H STREET, FACTORY, FARM, ETC.)	OME, 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
EDICAL EXAMINER: TI THE CERTIFICATE, A SHOULD BE FORW NERAL DIRECTOR: P. DEATH, WITH THE ST. MORE, MARYLAND, 2		death resulted fram: Natural ACTUAL CONSTURED	e of the remains described abave, hel	Suicide , Homicide  TITLE (SPECIFY)  M.D. DOP	Undetermined monner  MEDICAL EXAMINER	DATE Sp. 12/931
TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER DEATH BALTIMORE,	276.8	URIAL, CREMATION, REMOVAL 2	S. ROGERS 36. DATE 23c. NAME	ADDRESS 1919 OF CEMETERY OR CREMATORY	SEMINARY ROAD,	SILVER SPRING, MD.
BP		BURTAL UNERAL DIRECTOR FRANCT	BRENTWOOD	PRI GEO MD.		
DHMH - 17 (VR A15 ME (5)) 15M 2/80			., SILVER SPRING, N	ND. 20901 S	EP 16 1981 A	and Jan Mastely



		FOR	
1	-	STATE	
		REGISTRAR	

## STATE OF MARYLAND

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Eliun			4	

	1.	STATE REGISTRAR			ICATE OF DEATH	REG. N	O.		
		CEASED NAME FIRST OR PRINT)	WIDOLE	pt n	LAST	20. DATE OF DEATH		AY YEAR	2b. HOUR
		PA	4	LEI	TLIN	Sept.	3	1481	3:12"N
	3. SE	Male	White	5. DATE O	H DAY YEAR	6 AGE (IN YEARS LAST OFF	M	IF UNDER I YEAR	IF UNDER 24 HRS
2000		RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	May		9. BALTIMORE CITY C	PR COUNTY	OF DEATH	
17		Russia	USA	MARRIE		monton	m=P,	, Prus	THE ME
-		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NO	URSING HOME		120. USUAL OCCUPAT	ION /		F EUSINESS OR
00	Si	lock Jorina	Holy CR	vso H	vapital	Salesma			Supplie
35	130. S Ma:	AL RESIDENCE IF NURSING HOVE OF TATE  TYland Mon	or other institution dive residence only 130. CITY OR together the state of the sta		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 9737 Mo	unt P	isgah	Road
	_	THER'S NAME	MIDDLE LAS		15. MOTHER'S MAIDEN NAM			20,00	
50		Abraham	Zeit		Hilda			(unk	nown)
1		VAS DECEASED EVER IN U.S. A	VE WAR OR DATES)	SECURITY NO.	17 INFORMANT	SiAPV	er Sp	ring,	Md.
		NO IF YES, GT	057-1	0-8932	Sarah Zeit	lin; 9737	Moun	t Pis	gah Rd
	CERTIFICATION	gove rise to immediate underlying could lide:  PART 2. OTHER SIGNIFICANT  19a. DATE OF OPERATION	CONDITIONS CONTRIBUTING			IN AL DISEASE OR CON	20b. IF YES,	WERE FINDING	GS USED
)	RTIFI	9381	Ruptured.	AAA		YES NOW	YES		NO 🗌
9		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	EATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	ED , (ENTER NATURE OF INJU	RY IN ITEM 18, PA	RT 1 OR PART 2)	
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR FO	WN	COUNTY	STATE
	1	22a.1 certify that (1) (this has	on 9/3 not) view the body ofter death.	affin .	nd that in (my) tour) apinion (	to 4/3	ote and hour	ond from the	that (I) twe) lost couses stated
			7 1		DEGREE			22c. DATE	SIGNED
		FOUN K	526088, M.	D.		MEDICAL STA	FF CIAN []	9/3	181
1		FOUR PHYSICIAN'S NAME (TYPE	ORPHM)	D	PHYSICIAN TO 22e. ADDRESS 8218	MEDICAL STA	CIAN	9/3	181
1	23a. I	FOUNK 220, PHYSICIAN'S NAME (TYPE LOUIS KO2 SURIAL, CREMATION, REMOVA SPECIFY	LUOFF, M.D	23c. NAME OF C	PHYSICIAN 122e. ADDRESS 8218 BETTE EMETERY OR CREMATORY	WISCONS N SDA, MD 23d. LOCATION CITY OR TOWN	AVE , 20810	COUNTY	STATE
1	(	FOUNK 220. PHYSICIAN'S NAME GYPE LOUIS KO2	LUPF, M.D	23t NAME OF C	PHYSICIAN (1) 22e. ADDRESS 8218 BETTE	WISCONSINES DA, MD  134 LOCATION CHYORTOWN  dn. Falls	Ave , 20816	county	irginia

DHMH - 16 50M 7/77 (VR A 15 (4))

EETLIN 1 the same of the same with

	4	or this certificate has been signed by the attending physician and completely filled in by the funeral director, the burial-tronsit permit. Then please remove carbon popers. Pages, 1 and 2 should be filed within 72 hours after
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VISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	9 PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter as while 4 trieding physician	Hr.
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TO FUNERAL DIRECT should be detoched for with the State Dept. o

DHMH-16 20M

(VRA 15, 4) 7/78

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IMPORTANT.

CERTIFICATION

MEDICAL

#### STATE OF MARYLAND CERTIFICATE OF DEATH REGISTRAR

EILEEN

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REG. NO.				
	20. DATE OF DEATH MONTH	DAY	YEAR	26. HOUR	
	Sept. 2	2 -	81	83	A
7	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNOE	RIYEAR	IF UNDER	24 HR
	90 yes	MONTHS	DAYS	HOURS	MIN

JULY PEMALE WHITE Je BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARYLAND U.S.A.

MARRIED NEVER MARRIED WIDOWED DIVORCED [ 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

LAST

5 DATE OF BIRTH

MONTGOMERY COUNTY 12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOMEMAKER

13e. STREET ADDRESS

MIDDLE

BALTIMORE CITY OR COUNTY OF DEATH

126. KIND OF BUSINESS OR INDUSTRY NONE

MD.

ROCKVILLE NATIONAL LUTHERAN HOME USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13h COUNTY 13c. CITY OR TOWN

BALTIMORE MARYLAND BALTIMORE 14 FATHER'S NAME MIDDLE

> LIF YES, GIVE WAR OR DATES! NONE

13d. INSIDE CITY LIMITS? YES XX NO [ 15 MOTHER'S MAIDEN NAME FIRST

REV.DR.RICHARD

1891

2911 - RUCKERT AVENUE

FIRST DAVID 166 WAS DECEASED EVER IN U.S. ARMED FORCES?

(YES, NO OR UNKNOWN)

10 CITY OR TOWN OF DEATH

FOR

I. DECEASED NAME

- STATE

(TYPE OR PRINT)

3. SEX

LAST TAYLOR 166 SOCIAL SECURITY NO

219-26-4339A

IF NOT IN SUCH FACILITY, GIVE STREET ADDRESSI

ELI ZABETH 17 INFORMANT

MILLER ADDRESS REICHARD- NLH-ROCKVILLE

APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ac PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUÊNCE OF erso. Conditions, if ony, which gove rise to immediate couse 101, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a

% DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOV YES | NO [ 210. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED [ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2]

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ( IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

CITY OR TOWN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

COUNTY STATE

22s I certify that (I) (this-hospital) attended the deceased from sow the deceased alive on obove, (I) (see) (did) (did not) view the body after death. 226 SIGNATURE

DEGREE

ATTENDING MEDICAL STAFF PHYSICIAN VI DIRECTOR PHYSICIAN 22c DATE SIGNED

STATE

224. PHYSICIAN'S NAME TYPE OR PRINTS HAROLD F. McCANN, M.D.

NOT WHILE

3355- 16th STREET, N.W.

WASH. DC

23e BURIAL, CREMATION, REMOVAL BURIAL

23b. DATE SEPT. 25.1981 23c NAME OF CEMETERY OR CREMATORY PARKWOOD CEMETERY

23d LOCATION MARYLAND BALTIMORE.

24 FUNERAL DIRECTOR

WHILE AT WORK

HYSONG FUNERAL HOME-1300- N ST., NW WASH., DO

250. DATE REGID. BY REGISTRAR 250 REGISTRAR SIGNATURE

